



TESTIMONY OF

Glenn von Nostitz,
Director, Office of Policy Management
NEW YORK CITY COMPTROLLER'S OFFICE

Before the

NEW YORK CITY COUNCIL
Committee on Aging
Subcommittee on Senior Centers

**The Impact of DFTA's Modernization Plan on the City's Senior Centers
and
Proposed Intro 821-A**

December 4, 2008

**STATEMENT BY
NYC COMPTROLLER WILLIAM C. THOMPSON, JR.
BEFORE THE
NEW YORK CITY COUNCIL COMMITTEE ON THE AGING
REGARDING INTRO 821-A**

DECEMBER 4, 2008

Chairperson Arroyo and Committee members, thank you for the opportunity to testify today. I fully support Intro 821-A, which would require a 60-day notice before a DFTA- funded senior citizen center can close. Senior centers are a lifeline for many of our city's frailest and most vulnerable citizens. It is essential that all community stakeholders have adequate time to review any decision to close a center and to explore available options to avoid any service disruption to seniors.

Indeed, I would recommend that the bill include requirements for DFTA to hold a public meeting prior to any final closure decision. Furthermore, if a center must be closed, DFTA should be required to create a transition plan that guarantees seniors continued access to comparable supports and programming offered by the discontinued center.

Unfortunately, it appears that under the RFP that DFTA released on December 3rd, Intro 821-A will be needed sooner rather than later. DFTA itself projects that as many as 89 may be forced to close.

Some of the reasons for this are as follows.

The RFP imposes costly requirements that will likely exhaust the available funding, leaving some current centers without funds to continue operating.

While I applaud DFTA's decision to embrace the concept of healthy aging, a survey of 61 senior centers throughout the city by my office revealed that most centers have a long way to go before the RFP's mandates can be fulfilled. For example, while 90 percent of centers provide blood pressure screening, many fewer screen for other age-related conditions, such as hearing loss, diabetes and glaucoma (which can lead to blindness).

Also, most centers have very limited health education programs. In our survey, only one center offered education about depression, and only three offered glaucoma education programs.

Center directors told my office that they absolutely want to provide additional health promotion services but they need help in identifying and recruiting providers to perform additional health screenings and need funding for these services. While the RFP alludes to assistance from the City's Department of Health and Mental Hygiene, there are no details of how this will be accomplished.

It appears that providers will have to pay for many of the start-up and ongoing expenses associated with these added health and wellness services out of their contract funds. For example, all centers will need to obtain increased health screening capacity and more expansive education programming. To help fulfill the daily requirement for three health and wellness-related activities, Senior Hubs must purchase one of two evidence-based health programs selected by DFTA. These programs are costly and involve additional expenses related to staff training.

Providers will also need to cover any transportation or rent costs, meet specific space requirements, purchase DFTA-mandated performance reporting software, and, in the case of the Senior Hubs, provide a computer lab, to cite a few examples of additional, potentially expensive, directives.

Consequently, senior advocates believe that proposers will likely need the full \$500,000 for the neighborhood centers and \$1 million for the Senior Hubs to satisfy these and other new requirements. If all centers propose at these maximum levels, and the overall funding remains at the projected \$117 million, there will be insufficient money to retain the current 329 centers. Using DFTA's ranges for the projected number of neighborhood centers and Senior Hubs it expects to award, the available funding would cover between 209 and 239 centers.

The amount of funding that will be available is unclear, but could decline.

At the same time as new requirements are being imposed, the level of funding for senior centers next year cannot be reliably determined. The RFP pegs available funding at \$117 million, up from the \$94 million originally discussed by DFTA.

However, it has been reported that the additional funds represent City Council and Borough President allocations for senior services that have been redirected from their original purpose. I am concerned that upwards of \$20 million in funding for these contracts may not be available on a consistent basis or intended for use in this manner. At \$500,000 per neighborhood center, this represents up to 40 centers whose ongoing funding may be vulnerable in the future.

We must ask ourselves what the outcome could be if DFTA continues along its proposed plan for revamping senior centers:

As with any change in policy, there are "winners" and "losers." At all costs, we must ensure that our neediest seniors are not among the losers. Given the complex proposal requirements as well as the actual changes to daily operations for successful bidders some of which I described earlier, it is the smaller centers, those serving recent immigrants or other niche communities that may face the greatest hurdles in competing successfully.

If these smaller, community-based centers are forced to close, what will become of the seniors who rely upon them for meals, socialization and assistance? Many of them,

especially the oldest and frailest, will find it difficult to travel to a new center that is farther away -- if transportation is even available. Others, who thrive on familiarity and routine, may find the new faces and new approach unwelcome and unappealing.

By electing to impose a top-down, highly prescriptive approach to senior center "modernization," DFTA risks alienating and isolating seniors who depend heavily on their local centers.

I have many other unanswered questions which time does not permit me to cover today. For that reason, I have laid out my concerns in greater detail in a letter to Commissioner Mendez that I delivered yesterday. I am asking that if the concerns I raise in this letter are not addressed thoroughly and in an adequate time frame, the Department withdraw the RFP and reissue it at a future date with appropriate modifications.

Again, thank you for the opportunity to appear before you today.



THE CITY OF NEW YORK
OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN

SCOTT M. STRINGER
BOROUGH PRESIDENT

Manhattan Borough President Scott M. Stringer
Testimony before the New York City Council
Committee on Aging and Subcommittee on Senior Centers

December 4, 2008

Good afternoon. Thank you Chairperson Arroyo, Chairperson Vacca, and members of the Committees on Aging and Senior Centers, for the opportunity to testify today on the impact of the Department for the Aging's modernization plan on the City's senior centers and in favor of Intro 821-A.

By 2030, 20 percent of our city's residents will be over the age of 60. It is therefore critical that we strengthen our infrastructure and programs to ensure seniors are well supported as they age. I am concerned that the Administration is not working in good faith to take us in that direction. I have been to hearings, press conferences and meetings asking the Administration to reconsider the modernization efforts. I hope that today someone will start listening.

There is bad news to contend with. The country is in recession and each of us will need to make sacrifices. There are tough choices to be made, but has DFTA given up the responsibility of helping seniors age with health, dignity and safety? How else should we interpret reducing Social Adult Day Care by over \$1 million? And how is reducing funding to Elder Abuse Prevention by \$424,000 in the best interest of vulnerable senior citizens? At the same time, the Administration is trying to take away the funding Borough Presidents give to senior centers and programs in their boroughs. DFTA has not convinced me that the reductions to their budget from FY08 to FY09 will not result in decreased services, in fact, just the opposite. In combination, these cuts will result in the decimation of senior services as we know them.

Make no mistake, modernization is not simply a response to the fiscal crisis, it is an attempt by the Administration to further an agenda. Are we going to retreat back to the David Stockman model of crisis management, turn our backs on the needy and starve government programs? We must be willing to invest in our seniors with the confidence that the economy will rebound. It is irresponsible and shortsighted to focus on balancing the budget on the backs of the people who built this great City.

My overarching concern with the DFTA modernization plan is the number of proposals released in rapid succession seeking to institute changes which the advocate and provider communities have told me they do not support. I understand that change is necessary in order to prepare for the coming "longevity revolution," but I have concerns about the hasty nature of these changes and the lack of consideration that has been given to the opinions and needs of the providers on the ground.

While DFTA rightfully seeks ways to improve senior center utilization and encourages centers to dream and plan big, it must also recognize and support existing programs that we know to be efficient and reliable. I hope that DFTA will consider the following issues carefully and address these concerns.

1. **DFTA must convince me that centers will maintain core services at all contracted senior centers with the proposed changes in funding.** Educational, cultural and recreational programs are valuable to all seniors; however, with the current economic downturn and the rapidly aging population, we can assume there will be an increased demand for core services. I urge DFTA to identify baseline requirements for core service commitments that all senior centers must provide, particularly in regards to nutrition.
2. **DFTA must inform the public which senior centers will close, and ensure adequate geographic coverage amidst the closures.** In practical terms, modernization will result in fewer senior centers that are larger in size and more comprehensive in scope. DFTA has a responsibility to ensure that all seniors have access to a center a reasonable distance from their home. The Council is moving DFTA in the right direction with Intro 821-A which requires that public notification be given when senior centers face cuts, consolidation or closure.
3. **DFTA must consider transportation services for seniors who will have to travel further distances to reach their nearest center.** Accessibility is one of the most important factors in senior center utilization. If it is too difficult for seniors to reach their centers, they will simply stay home. The travel distance, number of buses or subways that need to be taken, and number of busy roads that must be crossed will all factor into a senior's decision about using a center. DFTA must understand that no senior center proposal is complete without a comprehensive transportation plan.
4. **DFTA must maintain culturally appropriate services.** Many centers have developed specialized cultural, nutritional and social programming to cater to the demographics of the communities they serve. This often includes bilingual staff. If centers are consolidated or closed, DFTA must ensure that seniors have access to services that are culturally appropriate to them.
5. **DFTA must preserve social networks amidst senior center closures.** Many seniors have long standing relationships with staff and other seniors at their local centers. These relationships are strong contributors to the health and well-being of seniors. I urge DFTA to acknowledge the importance of these relationships and develop a plan to preserve the existing social networks that have been created through senior centers.

6. **DFTA must support senior center management and staff in the transition to evidence based practice and new models of service delivery.** It is generally understood that there will be a reduction in the number of senior centers in 2009 – 2010 and a reduction in DFTA's total annual budget. It is an unfair expectation that senior centers should be able to provide the same level of service with less funding. Further, the proposed shift to evidence-based programming will require additional training and resources for agency staff. DFTA must carefully consider the increased burden that may be placed on staff and ensure that the appropriate training and supports are in place before the contracts take effect. It is time for DFTA to think creatively. Consider collaborating with colleges and universities to place graduate students in senior centers to research, implement and evaluate evidence-based practice.

7. **DFTA must ensure that resources continue to go to services.** In my conversations with Administration, DFTA assured me that modernization will result in no service reduction. Then DFTA passed a 3% reduction onto service providers. To claim this is not DFTA reducing services is wholly disingenuous. The ideas proposed in the modernization plan require substantial senior center changes—changes that will likely be costly to implement. I fear senior centers will be pushed to cut back on other services, or will face overall financial insecurity. Many senior centers already fundraise to meet their basic operational needs. To require that they meet their own development needs will shift staff resources away from where it should be—focused on seniors.

My primary recommendation to DFTA is to retract the Senior Center RFP until the concerns raised today can be adequately addressed. The aging network is already reeling from the case management transition and is preparing to absorb more changes as the new home delivered meals contracts are fully implemented. I am deeply concerned that DFTA's modernization efforts are creating delays in service delivery and will end up hurting seniors rather than helping them.

I've seen DFTA make demands on the providers and seniors, and it's about time DFTA started answering to some of our demands for transparency and accountability. I am here today to ask the Council to stand up and say no to DFTA's ill-conceived modernization plan. I look forward to working with you and our senior service providers to responsibly prepare New York City's senior centers for the future.

BROOKLYN BOROUGH PRESIDENT MARTY MARKOWITZ

TESTIMONY FOR CITY COUNCIL HEARING ON DFTA'S NEW
SENIOR CENTER REQUEST FOR PROPOSALS, AND ON
COUNCILMEMBER JAMES VACCA'S BILL TO REQUIRE 60 DAYS'
NOTICE OF CENTER CLOSINGS

DECEMBER 4, 2008

GOOD AFTERNOON, COMMITTEE CHAIRS MARIA DEL
CARMEN ARROYO AND JAMES VACCA, AND DISTINGUISHED
MEMBERS OF THE COMMITTEE ON AGING. THANK YOU FOR
HOLDING A HEARING ON THIS VERY IMPORTANT TOPIC OF
SENIOR CENTERS.

I COME BEFORE YOU TODAY AS THE BROOKLYN
BOROUGH PRESIDENT, BUT YOU MAY NOT KNOW THAT
BEFORE I WAS PRESIDENT OF A BOROUGH, I WAS PRESIDENT
OF A SENIOR CENTER. WHEN I WAS ONLY 26 YEARS OLD, I
FOUNDED THE SENIOR LEAGUE OF FLATBUSH. AND I WANT
TO RECOGNIZE LENORE FREIDMAN AND HER SENIORS, WHO
ARE HERE TODAY! I SERVED AS PRESIDENT OF THE CENTER
FROM 1974 TO 1978, AND I'VE BEEN FIGHTING FOR SENIORS
EVER SINCE. I EVEN JOINED THE CENTER THREE YEARS AGO. SO
I KNOW A LOT ABOUT WHAT MAKES A GOOD SENIOR
CENTER.

AND WITH THE BENEFIT OF THAT EXPERIENCE, I CAN SAY
TO YOU: THIS R-F-P MUST BE PUT ON HOLD, OR AT LEAST
SCALED BACK. DON'T MISTAKE ME: THERE ARE A LOT OF

GOOD IDEAS HERE. FOR INSTANCE, I'M A BIG FAN OF WELLNESS ACTIVITIES, BOTH PHYSICAL AND MENTAL.

STAYING ACTIVE AND ENGAGED IS ESSENTIAL FOR OUR SENIORS TO STAVE OFF THE NEGATIVE EFFECTS OF AGING.

BUT **THIS R-F-P DOES NOT ADD ANY NEW FUNDING** TO ACCOMPLISH ITS GOALS. INSTEAD, IT **TAKES** DISCRETIONARY MONEY FROM THE BOROUGH PRESIDENTS — AND ALSO FROM YOU, THE CITY COUNCIL — AND CALLS THAT AN INCREASE. AND WHY? SO THAT THEY CAN MAKE ALL THE DECISIONS — BECAUSE THEY THINK THEY KNOW WHAT'S BEST FOR SENIORS. IN FACT, THEY THINK THEY KNOW WHAT'S BEST FOR EVERYBODY. UNFORTUNATELY, THEY'RE NOT LISTENING TO THE PEOPLE IN THE FIELD WHO HAVE THE REAL EXPERTISE.

BOROUGH PRESIDENTS KNOW OUR BOROUGH. YOU KNOW YOUR COUNCIL DISTRICTS. WE SHOULD HAVE THE RIGHT TO APPROPRIATE FUNDING TO THE NON-PROFITS THAT WE KNOW BEST ADDRESS AGING CONCERNS IN THE AREAS WE REPRESENT.

EVERYTHING SHOULD NOT BE **CENTRALLY PLANNED** **OUT OF THE MAYOR'S OFFICE.**

NOT ONLY THAT, BUT THIS PLAN MAY ACTUALLY LEAD TO THE **CLOSING OF SENIOR CENTERS.** NEW YORK CURRENTLY HAS 329 CENTERS, ONE-THIRD OF THEM IN BROOKLYN. BUT GIVEN THE LEVEL OF FUNDING IN THIS PLAN, **AS FEW AS 240 CENTERS COULD BE FUNDED.** THAT MEANS **89 CENTERS** COULD CLOSE. THAT'S WHY I SUPPORT COUNCILMEMBER **VACCA'S** BILL TO REQUIRE 60 DAYS PUBLIC NOTICE BEFORE ANY SENIOR CENTER IS CLOSED.

AND THERE ARE OTHER CONCERNS BESIDES FUNDING. AS I SAID, THE R-F-P SOUNDS GOOD, BUT THE DEVIL IS IN THE DETAILS. THE PROVIDERS IN BROOKLYN ARE WORRIED ABOUT THE HEAVY EMPHASIS ON HEALTH AND WELLNESS PROGRAMS. DON'T GET ME WRONG—WELLNESS PROGRAMS ARE GREAT—BUT NOT AT THE EXPENSE OF FUNDING THE BASICS, LIKE TRANSPORTATION AND CASEWORK SERVICES AND MEALS. THERE ARE GYMS AND Y-M-C-A'S ALL OVER THE CITY. RATHER THAN MAKING SENIOR CENTERS GO THROUGH THE EXPENSE OF RENTING SPACE, BUYING EQUIPMENT, AND TRAINING STAFF, THE CITY SHOULD NEGOTIATE DISCOUNTS WITH PRIVATE GYMS. AFTER ALL, THE HOURS OF THE DAY WHEN GYMS ARE AT THEIR SLOWEST ARE ALSO THE VERY TIMES WHEN SENIORS WOULD BE MOST LIKELY TO USE THEM.

PROVIDERS ARE WORRIED ABOUT THE TIME AND EXPENSE THAT WILL BE REQUIRED TO DOCUMENT THEIR WELLNESS PROGRAMS FOR DFTA. ONE OF THE "EVIDENCE-BASED PROGRAMS" NAMED IN THE R-F-P, FOR INSTANCE, COSTS THOUSANDS OF DOLLARS TO IMPLEMENT.

PROVIDERS ARE ALSO WORRIED THAT MEALS ARE GIVEN SHORT SHRIFT IN THIS PLAN. GIVEN THE CURRENT ECONOMY, MORE AND MORE SENIORS DEPEND ON THE NUTRITIOUS HOME-COOKED MEALS PREPARED AT SENIOR CENTERS.

SOME PROVIDERS ARE WORRIED THAT THEIR CURRENT SPACES WON'T BE BIG ENOUGH FOR ALL THE NEW

REQUIRED PROGRAMS. CENTERS IN POORER NEIGHBORHOODS ARE WORRIED ABOUT THE **FUNDRAISING REQUIREMENT.**

BIGGER CENTERS ARE WORRIED THAT DFTA IS **ONLY PLANNING TO FUND 15 TO 25 SENIOR HUBS,** EVEN THOUGH MANY MORE CENTERS THAN THAT WOULD MAKE EXCELLENT HUBS. THEY FEAR THAT THE R-F-P PITS **GOOD PROGRAMS AGAINST GOOD PROGRAMS.** IF THERE ARE 3 OR 4 POTENTIAL HUBS IN AN AREA, AND ONLY ONE IS CHOSEN, **WILL THE OTHERS HAVE TO DOWNSIZE,** TO SERVE ONLY 75 MEALS A DAY?

NOW, **YOU CAN SAY THESE FEARS ARE OVERBLOWN.** BUT WHAT IF THEY'RE NOT? **WE WON'T KNOW UNTIL THE NEW CONTRACTS HAVE BEEN AWARDED—AND THEN IT WILL BE TOO LATE.**

PERSONALLY, **I TEND TO BELIEVE THE SENIOR PROVIDERS.** NUMBER ONE, THEY HAVE HANDS-ON EXPERIENCE RUNNING SENIOR CENTERS. THEY CAN SEE WHERE THE PITFALLS MAY LIE. AND NUMBER TWO, WHEN DFTA REORGANIZED **CASE MANAGEMENT,** IT SOUNDED GOOD, TOO. BUT **THE PROVIDERS WARNED OF PROBLEMS, AND SURE ENOUGH,** WE NOW HAVE WAITING LISTS, DELAYS, CASELOADS THAT HAVE DOUBLED, AND A HOST OF OTHER PROBLEMS. ONE BROOKLYN CASE-MANAGEMENT AGENCY HAS FOUND ITSELF WITH A CASELOAD NEARLY TWICE AS BIG AS EXPECTED. **THE AGENCY BID ON A CONTRACT TO SERVE 700 SENIORS, BUT HAS ENDED UP WITH 1,300.** DFTA HAS SAID, ESSENTIALLY, TOO BAD, YOU HAVE TO SERVE THEM ANYWAY.

AND SORRY, BUT WE DON'T HAVE ANY MORE MONEY TO GIVE YOU.

DFTA HAS NOW REORGANIZED THE DELIVERY OF MEALS ON WHEELS, AND WE WILL SOON FIND OUT HOW WELL THAT WORKS. THERE MAY BE A FEW KINKS, OR THERE MAY BE BIG PROBLEMS, BUT WE WON'T KNOW UNTIL THE NEW CONTRACTS GET GOING.

AND NOW, BEFORE THE CASE-MANAGEMENT ISSUES ARE SOLVED—BEFORE THE MEALS ON WHEELS ISSUES APPEAR AND CAN BE SOLVED—THIS ADMINISTRATION WANTS TO REORGANIZE YET ANOTHER PART OF THE SENIOR SYSTEM.

I SAY NO. SLOW DOWN! THERE HAS GOT TO BE AN END TO THIS PROCESS, ALL THIS CHANGE FOR CHANGE'S SAKE — ALL TO SATISFY THE WISHES OF A CENTRAL-PLANNING ZEALOT. WE ARE TIRED OF CHANGE FOR CHANGE'S SAKE — AND THOSE CITY ADMINISTRATORS WHO BELIEVE THEY KNOW WHAT'S BEST FOR US.

SENIOR CITIZENS ARE THE BACKBONE OF OUR CITY, AND THEY DESERVE THE BEST WE CAN GIVE THEM, EVEN IN TIMES OF ECONOMIC CRISIS. THEIR WORLD HAS BEEN SHAKEN BY ALL THESE CHANGES SO FAR, AND WE ABSOLUTELY MUST LET THE DUST SETTLE BEFORE MAKING STILL MORE CHANGES. WE CANNOT UPEND YET ANOTHER PILLAR OF SENIOR SERVICES IN NEW YORK CITY.

THANK YOU FOR HOLDING THIS HEARING. I AM CONFIDENT THAT YOU WILL COMMUNICATE MY CONCERNS — AND YOURS — TO THE APPROPRIATE DEPUTY MAYOR, AND TO

DFTA. WITH SO MANY OTHER PRESSING ISSUES FACING OUR CITY, SURELY THIS REORGANIZATION CAN WAIT FOR ANOTHER DAY. THAT IS WHY I AM CALLING ON DFTA TO RESCIND THIS R-F-P, AND TO WORK WITH SENIOR PROVIDERS AND ELECTED OFFICIALS TO CRAFT A PLAN THAT WILL TRULY WORK FOR OUR CITY'S SENIORS.

SPEAKING POINTS FOR QUEENS BOROUGH PRESIDENT HELEN MARSHALL

CITY COUNCIL AGING COMMITTEE HEARING ON SENIOR CENTER RFP

THURSDAY, DECEMBER 4TH, 2008 AT 1:00 P.M. CITY HALL.

GOOD AFTERNOON **SPEAKER QUINN, CHAIRWOMAN ARROYO, AND MEMBERS OF THE CITY COUNCIL AGING COMMITTEE. (MEMBERS INCLUDE: BREWER, FOSTER, GENTILE, GONZALEZ, STEWART, VACCA, EUGENE.)** THANK YOU FOR HOLDING THIS HEARING ON THE RECENTLY RELEASED SENIOR CENTER RFP.

- THIS IS THE THIRD TIME IN LESS THAN ONE YEAR THAT I COME BEFORE YOU TO TESTIFY AGAINST A RFP RELEASED BY DFTA.
- THIS IS THE LAST OF THREE STEPS LAUNCHED BY DFTA TO TOTALLY DISMANTLE THE ENTIRE SENIOR CITIZEN SERVICE DELIVERY SYSTEM IN NEW YORK CITY
- IN THE NEW RFP DFTA INDICATES THE REQUIREMENTS FOR PROGRAM SPACE THAT NECESSITATE THE USE OF CLASSROOMS. AND IT CLEARLY STATES THAT “NO FUNDING WILL BE AVAILABLE FOR LEASE ESCALATIONS, EXPENSES FOR BUILDING RENOVATIONS OR MAJOR, LONG TERM EQUIPMENT PURCHASES....”.
- THE BURDEN WILL HAVE TO BE BORNE BY THE LOCAL SENIOR CITIZEN ORGANIZATION WHICH IS AWARDED THE CONTRACT.

- DURING THESE VERY DIFFICULT FISCAL TIMES IT IS IRRESPONSIBLE FOR DFTA TO SHIFT THIS BURDEN TO NON-PROFIT COMMUNITY-BASED ORGANIZATIONS.
- THE ADMINISTRATION HAS ACKNOWLEDGED, THAT DUE TO THIS MODERNIZATION PROCESS, APPROXIMATELY 85 SENIOR CENTERS CITYWIDE COULD BE FORCED TO CLOSE. YET THEY PERSIST?
- THE NOVEMBER PLAN INCLUDES THE ELIMINATION OF SOCIAL ADULT DAY CARE PROGRAMS, ELDER ABUSE PREVENTION AND MANY OTHER SUPPORT SERVICES, FUNDED THROUGH CITY COUNCIL INITIATIVES, BY THE END OF THIS MONTH. AND THEY INTEND TO SEIZE CONTROL OVER THE BOROUGH PRESIDENT'S DISCRETIONARY ALLOCATIONS, TOTALING \$7.5 MILLION, TO FUND THIS MODERNIZATION PLAN.
- HOW WILL ALL OUR SENIORS ACCESS THE SERVICES THEY SO DESPERATELY NEED?
- BY THE YEAR 2030, ONE-FIFTH OF NYC'S POPULATION WILL BE SIXTY YEARS OF AGE AND OLDER – WITH SENIORS OUTNUMBERING SCHOOL-AGED CHILDREN.
- THESE DEMOGRAPHICS UNDOUBTABLY CALL FOR “CHANGE, EXPANSION, RENOVATION ...”

- HOWEVER, THE SYSTEM IS NOT BROKEN. LIKE ALL CITY SERVICES, CONTINUAL IMPROVEMENT SHOULD BE THE GOAL. THE DESTRUCTION OF THE SYSTEM IS NOT THE ANSWER.
- IT IS TOTALLY RECKLESS AND IRRESPONSIBLE FOR DFTA TO PROCEED WITH THIS RFP WHILE CASE MANAGEMENT SERVICES AND MEALS-ON-WHEELS PROGRAMS ARE IN SUCH TURMOIL.
- CASE MANAGEMENT AGENCIES NOW HAVE LISTS OF SENIORS WAITING TO BE ASSESSED FOR CRITICAL SERVICES SUCH AS HOMECARE AND MEALS-ON-WHEELS.
- AND THE MEALS-ON-WHEELS CONTRACTORS ARE BEING NICKEL AND DIMED TO DEATH AS THEY TRY TO NEGOTIATE THE NEW CONTRACTS WITH DFTA.
- NOT TO MENTION THE FACT THAT THE REGIONS FOR THE NEW MEALS-ON-WHEELS CONTRACTS HAVE BEEN DELIBERATELY CONFIGURED TO MAKE IT LOGISTICALLY IMPOSSIBLE FOR COMMUNITY-BASED ORGANIZATIONS TO DELIVER HOT MEALS ON A DAILY BASIS. IT IS OBVIOUS THAT THE INTENT IS TO CONTRACT WITH A CATERER TO DELIVER FROZEN MEALS ONCE OR TWICE A WEEK.
- AS YOU KNOW, EVERY MEALS-ON-WHEELS CLIENT WILL RECEIVE THE SAME MEAL. AND EVEN IF THEY ARE "LUCKY" ENOUGH TO GET A HOT MEAL EVERY DAY IT WILL BE THE FLASH-FROZEN MEAL REHEATED!

- SO, I ASK YOU – WHERE IS THE CHOICE THAT DFTA KEEPS TALKING ABOUT? WHAT HAPPENS TO THE HUMAN LIFELINE THAT SO MANY OF OUR SENIORS RELY ON?
- IN THE SENIOR CENTER RFP, DFTA MANDATES THAT SERVICES BE DESIGNED TO ACCOMMODATE AN ETHNICALLY DIVERSE MEMBERSHIP, YET NO ACCOMMODATIONS WERE MADE TO DELIVER MEALS THAT WOULD APPEAL TO A MULTI-ETHNIC POPULATION.
- THEREFORE, I JOIN SPEAKER QUINN AND THE CITY COUNCIL IN SEEKING A DELAY OF THE MODERNIZATION PLAN. WE ARE ALL WILLING TO WORK WITH THE ADMINISTRATION IN PROVIDING THE BEST SERVICES AND PROGRAMS FOR OUR CITY'S OLDER RESIDENTS.
- BUT IT NEEDS TO BE DONE THROUGH A RATIONAL, LOGICAL PROCESS. NOT IN A RUSH TO MEET A TIME RESTRICTED DEADLINE THAT HAS NOTHING TO DO WITH THE PROVISION OF SENIOR SERVICES.

FOR THE RECORD

**STATEMENT OF BRONX BOROUGH PRESIDENT
ADOLFO CARRIÓN, JR.**

BEFORE

**NEW YORK CITY COUNCIL
COMMITTEE ON AGING
AND THE SUBCOMMITTEE ON SENIOR CENTERS**

**NEW YORK CITY COUNCIL CHAMBERS
CITY HALL
NEW YORK, NEW YORK**

DECEMBER 4, 2008

Supporting and investing in seniors is, and has been, a top priority for my administration. Therefore, I want to ensure that the proposed restructuring of senior centers and services is properly managed and that any implemented reforms result in appropriate and egalitarian change.

We cannot afford to improperly or hastily overhaul the delivery of critical senior services. Already this year, senior programs have been cut by 3% and they face an additional 2.5% reduction, with another 5% cut proposed for next year. There are 111 senior programs funded by my office that could be eliminated as of July 1, 2009 as a result of the proposed RFP. The RFP in its current form will close centers and cut services and we cannot allow it to move forward.

The Department for the Aging (DFTA) is proposing to use the Borough President's senior monies to fund the modernization effort, an initiative that, as it stands, will reduce or eliminate senior services. The Borough Presidents have historically allocated funds, through the DFTA's budget, to allow for direct contracting with neighborhood based senior programs, including the smaller, grassroots centers that have been deep-rooted in their communities for many years and now face eradication. The proposed change in the distribution of senior funding is simply unacceptable. I cannot agree to the unreasonable seizure of Borough President funds, to support an RFP that will wreak havoc on programs and services for the seniors of Bronx County.

Providers will either be losing or gaining service contracts, which will require organizational overhaul and will affect service delivery. If the current RFP moves forward, many seniors throughout the Bronx will surely suffer due to the withdrawal of the services they are presently receiving and depend upon, including: food, transportation, case assistance, minor home repairs, landlord-tenant advice and guidance, information and referral services, senior trips, nutrition and health programs, etc. As well, many seniors have established relationships with their providers, with fellow center members and with familiar programs, and continuity in these relationships are essential to appropriately serving the senior population. Any changes in service delivery must be implemented in such a way as to guarantee seniors are not lost in the shuffle.

DFTA must understand the needs of seniors and sufficiently plan for the changes that will affect senior centers. Knowing the needs, wants, expectations and motivations of both current center participants and prospective members is vital to the success of the proposed modernization effort. The voice of seniors must be heard and, therefore, I ask that a long-range and comprehensive study be performed that will document current and future need. Welcoming this exchange of ideas may also help alleviate fears that proposed DFTA changes will damage rather than strengthen existing senior programs.

Additionally, a study of services provided at senior centers is crucial to clarifying the current situation at the centers. Revamping the entire structure of the senior center system without first examining a wide range of achievements and failures and testing new initiatives via pilot programs is imprudent. Relying on data relating to participation in meals programs does not appropriately capture current use; efforts must be made to

track senior's attendance and movement around the senior center system to better determine actual use and program participation.

These concerns must be addressed in order to properly evaluate the centers and the services seniors receive, as well as to prepare for the growing and diverse needs of tomorrow's seniors. According to NYCPlan2030, the senior population is expected to increase by 44% by the year 2030. Closing senior centers when such a large surge in the senior population is anticipated is counterintuitive; adequate time and study must be allowed for evaluation and planning so that irreversible mistakes are not made.

The nation's first senior center was established in the Bronx in 1943. I am proud to say that I have allocated \$1.7 million to senior services and programs since 2002. I want to make certain that centers in the Bronx, and throughout the city, continue to flourish both in the services they provide and the communities they serve.



**CITY OF NEW YORK
PRESIDENT
OF THE
BOROUGH OF STATEN ISLAND**

**JAMES P. MOLINARO
PRESIDENT**

BOROUGH HALL, STATEN ISLAND, N.Y. 10301

**STATEMENT OF JAMES P. MOLINARO
BOROUGH PRESIDENT OF STATEN ISLAND**

BEFORE

**NEW YORK CITY COUNCIL
COMMITTEE ON AGING
AND THE SUBCOMMITTEE ON SENIOR CENTERS**

**NEW YORK CITY COUNCIL CHAMBERS
CITY HALL
NEW YORK, NEW YORK**

DECEMBER 4, 2008

HONORABLE CHAIRPERSONS, DISTINGUISHED COMMITTEE MEMBERS, COMMUNITY ADVOCATES, SERVICE PROVIDERS AND SENIOR CITIZENS FROM AROUND THE CITY:

THANK YOU FOR THE OPPORTUNITY TO SPEAK IN FAVOR OF INTRO 821-A, AND IN OPPOSITION TO DFTA'S MODERNIZATION PLAN FOR OUR SENIOR CENTERS.

SIMPLY PUT, TODAY'S FISCAL CRISIS DICTATES THAT THIS IS NOT THE TIME TO INCUR NEW INITIATIVE COSTS FOR MODERNIZATION, NOR ANY OTHER SUCH NOBLE EFFORT WHICH WOULD RESULT IN A NET REDUCTION TO EXISTING SERVICES FOR OUR SENIORS. GIVEN THE START UP COSTS ALONE, THE MODERNIZATION PLAN WOULD IN MY OPINION, ULTIMATELY RESULT IN A LOSS OF PROGRAMMING FROM PRESENT-DAY LEVELS. ADD TO THAT THE CURRENT DROP IN CITY, STATE AND FEDERAL REVENUES AND RESULTING BUDGET CUTS, AND YOU HAVE A RECIPE FOR DISASTER IN SERVING OUR OLDER ADULTS IN THIS CITY.

EARLIER THIS YEAR, I WAS ADVISED OF DFTA'S ABRUPT DEFUNDING OF FIVE STATEN ISLAND BOROUGH PRESIDENT SENIOR PROGRAMS. I WAS ALSO MADE AWARE OF THE COMMISSIONER'S INTENT TO DEFUND THE REMAINING ELEVEN STATEN ISLAND BOROUGH PRESIDENT SENIOR PROGRAMS EFFECTIVE JUNE 30, 2009. THESE CHANGES WERE MADE KNOWN TO ME ONLY RECENTLY, IN A LETTER RECEIVED BY MY OFFICE ON SEPTEMBER 25, 2008 - AFTER THE FIRST QUARTER OF THE FISCAL YEAR WAS ALMOST COMPLETED.

AMONG THE FIVE PROGRAMS WHICH ARE PROHIBITED FROM RECEIVING BOROUGH PRESIDENT FUNDS THIS YEAR ARE:

1. SEA VIEW ADULT DAY CARE PROGRAM (\$46,317), A LONG-TERM FUNDED AND IMPORTANT SERVICE FOR BOTH STATEN ISLAND SENIORS AND CAREGIVERS DISCONTINUED EFFECTIVE JULY 1. AS WE ALL KNOW BY NOW, THE CITY'S HEALTH & HOSPITALS SYSTEM HAS HISTORICALLY UNDERSERVED THE RESIDENTS OF THIS BOROUGH, AND THESE FUNDS HELPED TO SUPPLEMENT THE MEAGER SERVICES CURRENTLY RECEIVED FOR MORE THAN TEN YEARS. NO EFFORTS TO TRANSITION THESE SERVICES HAVE BEEN MADE BY DFTA TO DATE.
2. STATEN ISLAND INTERAGENCY COUNCIL FOR THE AGING (\$46,317), ANOTHER LONG-TERM ADVOCACY PROGRAM, ALSO ABRUPTLY CANCELED EFFECTIVE JULY 1. IT SHOULD BE NOTED THAT WHEN BP FUNDING WAS ALLOCATED WELL OVER A DECADE AGO, DFTA ADVOCATED ESTABLISHING IAC'S IN EACH OF THE FIVE BOROUGHES, BUT NOW HAS DEFUNDED ALL OF THEM VIA DISCONTINUENCE OF BOROUGH PRESIDENT'S FUNDING.

3. RICHMOND SENIOR SERVICES/PROJECT SHARE (\$14,981), A MINOR REPAIR PROGRAM HELPING SENIORS MAINTAIN THEIR HOMES IN THE COMMUNITY. THIS PROGRAM HAS ALSO OPERATED ON STATEN ISLAND FOR WELL OVER A DECADE, BUT WAS ABRUPTLY CANCELED EFFECTIVE JULY 1.
4. ALZHEIMER'S FOUNDATION OF STATEN ISLAND (\$4,020), A RESPITE PROGRAM FOR ALZHEIMER'S VICTIMS GIVING A MUCH-NEEDED BREAK FOR DAY-TO-DAY CAREGIVERS, ALSO ABRUPTLY CANCELED JULY 1.
5. CENTRAL FAMILY LIFE CENTER SENIOR RECREATION PROGRAM (\$4,782), A MINORITY-BASED PROGRAM ONLY STARTED LAST YEAR, AND CANCELED JULY 1.

AGAIN, NEITHER MY OFFICE NOR ANY OF THESE PROGRAMS WERE ADVISED OF THESE CHANGES PRIOR TO THE BEGINNING OF THE FISCAL YEAR JULY 1. AS A RESULT, NONE OF THE PROGRAMS WERE ABLE TO PLAN FOR THE ORDERLY TRANSITION OF SERVICES FOR THEIR RESPECTIVE FRAIL/ELDERLY SERVICE RECIPIENTS.

NOW, THE REMAINING ELEVEN DFTA PROGRAMS THAT WILL NO LONGER RECEIVE BP FUNDING EFFECTIVE JUNE 30, 2009 ARE:

COMMUNITY AGENCY FOR SENIOR CITIZENS (CASC) NEW LANE SENIOR CENTER (\$91,496); CASC FRAIL ELDERLY TRANSPORTATION PROGRAM (\$39,462); CASC FOREVER YOUNG, CASSIDY-COLES AND SOUTH BEACH SENIOR CENTERS, AND THE CAROL MOLINARO DIALYSIS CENTER (\$10,000); CASC SENIOR TRANSPORTATION PROGRAM (\$325,597);

CSS-RSVP/SERVE VOLUNTEER PROGRAM (\$16,674);

CYO SENIOR GUILD LUNCHEON PROGRAM (\$11,116);

JCC KOSHER NUTRITION PROGRAM (\$88,652);

RICHMOND HOME NEEDS HOMECARE PROGRAM (\$74,108);

SI MEALS ON WHEELS PROGRAM (\$60,212);

SI COMMUNITY SERVICES FRIENDSHIP CLUBS NEW DORP SATURDAY SENIOR PROGRAM (\$18,753); AND

RICHMOND UNIVERSITY HOSPITAL STAPLETON, WEST BRIGHTON AND MARINER'S HARBOR SENIOR CENTERS (\$6,000);

IT SHOULD BE NOTED HERE THAT BOROUGH PRESIDENT DISCRETIONARY FUNDS, IN DIFFERENT AMOUNTS FOR ALL FIVE BOROUGH, WERE NEGOTIATED BY THE FIVE BP'S DURING THE BOARD OF ESTIMATE ERA. FOR STATEN ISLAND, THIS WAS DONE IN CONSULTATION WITH LOCAL SENIOR SERVICES ADVOCATES, WHO DEVELOPED A SERIES OF SERVICE ENHANCEMENTS FOR HOME CARE, CONGREGATE AND HOME DELIVERED MEALS, TRANSPORTATION AND A HOST OF OTHER SERVICES WHERE THE BOROUGH WAS SHORT ON FUNDING. SOME OF THESE SERVICE ENHANCEMENTS HAVE BEEN TRANSFERRED BY THE BOROUGH PRESIDENT TO DIFFERENT PROVIDERS OVER THE YEARS, WHEN RFP'S WERE AWARDED BY DFTA.

TO DATE, DFTA HAS MADE NO INDICATION WHETHER THESE ENHANCED SERVICES WILL CONTINUE AT CURRENT LEVELS UNDER THE NEW SENIOR SERVICES PLAN, NOR WHETHER THESE IMPORTANT FUNDING DOLLARS WILL REMAIN WITHIN THE BOROUGH. THE ANNUAL PLAN RECENTLY PRESENTED BY DFTA IS DEVOID OF ANY OF THESE IMPLICATIONS, BOTH FOR STATEN ISLAND AND PROGRAMS CITY-WIDE.

IN ADDITION TO THE SERVICES ABOVE, THE CITY'S HOUSING AUTHORITY BUDGET SHORTFALL POSES A THREAT TO SEVEN SENIOR CENTERS ON STATEN ISLAND.

WHILE DFTA'S MODERNIZATION IS BUILT IN PART ON \$7.5M IN CUTS TO THE FIVE BOROUGH PRESIDENTS, AS WELL AS \$11M IN CUTS TO THE CITY COUNCIL'S DISCRETIONARY FUNDS, THE EXISTING DYNAMICS OF REDUCED TAX REVENUES ARE ALSO JEOPARDISING CRUCIAL SERVICES. DFTA'S MODERNIZATION ALSO SHIFTS SERVICES AWAY FROM THE TRADITIONAL SENIOR CENTER MODEL AND EMPHASISES "SOFT" SERVICES SUCH AS HEALTH AND WELLNESS, ART, AND "CREATIVE AGING ACTIVITIES," AT THE POSSIBLE EXPENSE OF FUNDS TO OPERATE EXISTING SENIOR CENTERS AT CURRENT LEVELS, INCLUDING TRANSPORTATION, CASEWORK AND MEALS.

AT THE VERY LEAST, THE PUBLIC SHOULD BE ADVISED OF POTENTIAL SENIOR CENTER CLOSINGS, AND INTRO. 821-A WOULD ENSURE THAT DUE NOTICE AND PERHAPS A FAIR HEARING WOULD BE GIVEN IN ADVANCE OF SUCH AN UNFORTUNATE ACTION.

THANK YOU.



DEBORAH J. GLICK
Assemblymember 66TH District
New York County

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Higher Education Committee

COMMITTEES
Environmental Conservation
Rules
Ways & Means

**Testimony of Assemblymember Deborah J. Glick
Before the Department for the Aging
Regarding DFTA's Request for Proposals for Congregate Programs for Older Adults**

December 4, 2008

Thank you for the opportunity to testify before you today regarding the Request for Proposals for Congregate Programs for Older Adults. I appreciate that with this RFP, the City is trying to answer the question of how to serve a rapidly growing senior population with increasingly scarce funding. Certainly, it is crucial that city agencies periodically evaluate and update content and delivery of services in order to adequately respond to community needs. However, proposed changes must allow senior centers the flexibility to meet local needs and ensure that current seniors continue to benefit from high quality services while the system adjusts slowly to meet the needs of future seniors.

In this RFP, DFTA's plan to "regionalize" senior centers does not respond to the needs of New York City's seniors. While I understand that DFTA's rationale for creating regions of service delivery is to increase efficiency, senior citizens do not constitute a homogenous group and rigid system-wide changes will make it difficult for providers to deliver high quality care that meets the particular needs of the seniors they serve. It is essential that individual senior centers are given the authority and flexibility to tailor their services to the diverse needs of individual seniors and the communities in which they reside.

Centralizing services in a few large senior centers, known as hubs, while bringing in laudable health related services, will largely serve seniors who live nearby. Closing local, neighborhood senior centers will deprive seniors of access as they are unlikely to travel any greater distance to attend a senior center. Older New Yorkers are a diverse population and need to feel comfortable attending a senior center that meets their cultural needs. The closing of neighborhood senior centers will result in more isolation for seniors as they lose important relationships and resources. Seniors are growing poorer during this economic crisis and some senior centers are reporting an increase in the elderly turning to the senior centers for meals to stretch their limited food budget. When we speak of the elderly, please remember they are disproportionately women. For many societal reasons, these elderly women have fewer resources in old age.

As I have expressed previously in letters to DFTA and testimony before the City Council, I have serious reservations about DFTA's "modernization" plan. DFTA states that its modernization plan is aimed at "strengthening and improving" services, but it is clear to me and many others that the main impetus behind this modernization is cost-savings. I appreciate the need to do more with less in times of economic downturn, but the City must recognize that efficiencies in human services have a very direct effect on individual lives in a way that achieving efficiencies

in the corporate sector often does not. The reorganizing of senior centers will undoubtedly have substantial negative effects on the seniors of New York City.

A one size fits all approach to seniors may not meet the particular needs of each New York City community. New models of senior centers should be tried on a demonstration basis first to see what seniors want and what works. I encourage DFTA to reform senior centers in a way that is cognizant of how New York City seniors live their lives in the neighborhoods they've resided in for years. For all of these reasons, I urge you to not move forward with the senior center RFP.

Good morning. My name is Caryn Resnick and I am the Deputy Commissioner for External Affairs at the New York City Department for the Aging (DFTA). Thank you Chairs Arroyo and Vacca and all the members of the Aging Committee for the opportunity to testify before you today on two topics: the Senior Center Request for Proposals (RFP) and Introduction 821-A.

Modernization of Aging Services

Starting in 2003, the City of New York and its Department for the Aging began taking steps to prepare for the City's rapidly growing older adult population by analyzing three core aging services - case management, home-delivered meals and senior centers - with the intent to update and enhance these services to reflect the changing needs and lifestyles of this growing population.

Case management and home-delivered meals focus on the needs of the frail population. DFTA's goal in redesigning the delivery of case management services was to insure that frail older adults who could benefit from in-home services are properly assessed and that they fully understand the service options currently available to them so that they may make informed decisions about their abilities to remain at home. The changes to the case management system are now fully under way.

Next, DFTA evaluated the home-delivered meals program. Based on the experience with the Bronx *Senior Options* pilot program, DFTA worked with community stakeholders to redesign the delivery of meals to the homes of older New Yorkers, to make the system more efficient and able to provide for the increasing numbers of frail elderly who may need such services in the future. The redesigned home-delivery program will begin its rollout on January 1, 2009.

With the issuance of the RFP for congregate programs for older Adults, DFTA now focuses on the redesign of senior centers to promote healthy aging activities. New York City is far from alone in this kind of movement. Supported by changes in the Older Americans Act, Area Agencies on Aging throughout the United States are testing new and emerging models for congregate programs, including using congregate activities to integrate public health prevention expertise into aging services. By providing a broad range of healthy aging activities, congregate programs are becoming springboards for greater community involvement, personal fulfillment and wellness pursuits throughout the country. We hope that New York City will be a part of this positive change in service delivery.

The Senior Center Request for Proposals

The Department for the Aging released the Request for Proposals for Senior Congregate Services on November 3, 2008 after a long and intensive consultative process with stakeholders throughout New York City. This process included approximately 200 meetings, forums and presentations with elected officials, community organizations, aging services providers and senior themselves. The Department also held two briefings on modernization for City Council members and staff, including a taste test of sample home-delivered meals. DFTA is confident that the final product presents us with a tool to solicit innovative proposals from the aging services community that will result in enhanced services for older adults throughout the diverse communities of New York City.

Why Modernize Senior Centers?

The City's older adult population is rapidly increasing. Individuals age 60 and older are the fastest growing age cohort in the City, and the population of city residents age 65 and older is expected to increase by 44 percent by the year 2030. Despite this population surge, utilization of senior centers has actually decreased over time. Currently, our City's senior centers are only routinely utilized by about 2% of eligible senior citizens. However, we have discovered that the growth in the senior population is not only about numbers. Older adults today are living healthier, independent, and active lifestyles. National research on senior centers has shown that the expectations of older adults with regard to customer service, programming, and activities offered at the centers today differ greatly from those of seniors a generation ago. Armed with this information—along with input from New York City seniors, aging services professionals, community leaders and best practices from around the nation—DFTA is redefining the City's senior center model to make it more responsive to the changing needs of today's older adults.

Senior centers will now be organized around a mission of promoting health and wellness. This new focus will make our City's senior centers more attractive to older adults from a broad range of ages, from those who just recently turned 60 to those above age 80. Senior centers are in a unique position to play an integral role in preventing chronic disease among our City's senior population through exercise, nutrition, education and other programming and services. In fact, the New York City Department of Health and Mental Hygiene (DOHMH) is committed to working with DFTA and our providers to bring their expertise and knowledge of public health issues to senior congregate activities, including the implementation of evidenced-based programming. The use of evidenced based models will not only assist senior center staff in introducing additional exercise, health screenings and socialization and wellness programs but will also equip them with the tools to measure the impacts of these programs.

Program Models

The newly-redesigned senior centers will be operated under one of two models: "neighborhood centers" and "senior hubs." The neighborhood center model strengthens the traditional senior center model by offering more activities with a focus on health and wellness. Neighborhood centers will provide meals, recreation, social activities, basic levels of daily health and wellness activities, and routine health programs throughout the year. For example, neighborhood centers will be required to have a walking club and to provide flu vaccinations and health screenings. They must also sponsor regular monthly health promotion and disease prevention activities on important health issues such as falls prevention, hypertension, and diabetes. Proposals for neighborhood centers must include collaborations with other organizations such as local gyms, arts organizations, and libraries. In addition, neighborhood centers will be expected to link with the senior hub(s) in their vicinity so that seniors are aware of all of the resources and activities that are available to them throughout the larger community.

The senior hub model includes all of the activities and requirements of the neighborhood model and adds many additional features. Senior hubs will provide complex health and wellness activities (such as weight control and fitness classes) on a regular basis. These centers will also be required to provide evidence-based programming involving issues such as falls prevention or the management of chronic diseases like diabetes and hypertension. In addition, senior hubs will

offer an annual health risk assessment to center participants. Furthermore, these centers will provide computer labs with internet access; a wide array of programming on topics such as employment assistance, the arts (jewelry making, painting), and culture (lectures, musical or theatrical performance opportunities); and recreational trips to museums, theaters, and sports events.

The two distinct program models built into the RFP will provide seniors with additional choices and more enriched programming. We envision a network where an individual senior could have lunch at a center that offers their favorite food and then take advantage of opportunities at other centers such as yoga classes, book clubs, lectures or field trips. Senior hubs will augment—rather than replace—neighborhood centers. By making these two different models available, DFTA is encouraging small, neighborhood-based organizations, as well as large, city-wide organizations, to respond to the RFP. Similarly, DFTA is also encouraging organizations to partner with one another to offer varied and comprehensive programming. We consider this to be an opportunity to: diversify programming, stretch senior center activities beyond a building's four walls, and increase the number of older New Yorkers who opt to spend time in a senior center.

Introduction 821-A

I would now like to briefly discuss Introduction 821-A, sponsored by Councilman Vacca. This legislation would require the Department to provide written notification to elected officials and community boards, prior to the closing, relocation, or consolidation of any DFTA-funded senior center. We are unclear as to the purpose of this legislation which, in our view, is not needed. For one, a process that has worked well is already in place to identify and assist senior centers that may be struggling. This agency has a long history of working intensively with non profit providers which demonstrate weaknesses or fail to comply with all provisions of a contract. DFTA nurtures and supports struggling centers with technical assistance, both internally and through a contract with the Community Resource Exchange (CRE) in order to bring them into contract compliance. Senior centers receive comprehensive evaluations every year and DFTA Program Officers provide on-going assistance in helping centers address any areas which are identified as needing improvement. In the rare case when a decision is made to terminate a contract after all other options are exhausted, city procurement law dictates that city agencies must provide 30 days' written notice to a provider before a contract can be terminated. In short, new legislation is not needed to provide notification of contract termination, as several safeguards are already in place.

Furthermore, DFTA has consistently communicated with members of the Council, Borough Presidents, and other elected officials on issues facing senior centers. Our agency routinely informs area legislators when concerns regarding senior centers located in their districts arise, and we have worked closely with officials in addressing fiscal, programmatic and facility challenges faced by the centers. We understand there is a feeling of uncertainty surrounding the senior center RFP among some members of the community. However, let me assure you that we are committed to an open and transparent process in regard to our modernization efforts—as has been demonstrated by the intensive consultative process that we have pursued over the past two years. This process has included holding approximately 200 meetings, forums, and presentations through which we have solicited and received feedback from elected officials, community

organizations, aging services providers, and older New Yorkers. Also, Chair Arroyo, Chair Vacca, and Speaker Quinn have been included in major planning meetings regarding modernization efforts that were organized by the Deputy Mayor for Health and Human Services. In fact, the Department has made several noteworthy changes to the design of the RFP based on suggestions made by City Council members. These include allowing organizations to apply for two different program models—the neighborhood center and the senior hub—as well as providing technical assistance to organizations interested in responding to the RFP.

In addition, the City's procurement process is already very open and transparent. Allow me to offer a roadmap of this process for the senior centers RFP. The release of the RFP was advertised in the *City Record*, and a notice of solicitation was mailed to all appropriate organizations from the City's centralized bidder's list, as well all sponsors of DFTA-funded programs, New York City elected officials and any agency that has expressed interest in DFTA contract opportunities. Earlier this week, we held a bidders' conference that was open to the public and attended by dozens of individuals. At the conference, members of DFTA's senior leadership provided detailed information about the RFP, including programming requirements, financial guidelines, and the application process. In addition, attendees had ample opportunity to ask and receive answers to their questions about the RFP. Proposals in response to the RFP are due in January of 2009. All proposals that are submitted to DFTA in a timely manner will be carefully evaluated by a team of professionals familiar with senior center services based on set criteria. When awardees are designated, a public hearing will be held. Awardees will also be announced in the *City Record* upon registration of the contracts by the Comptroller and notification of awards will be sent to elected officials, as is our routine practice. In short, a process to notify bidders and the general public is already in place and will be closely adhered to during the procurement process for the senior center RFP.

To summarize, DFTA strongly opposes Introduction 821-A because it is unnecessary and would require our agency to duplicate efforts that are already in place. As I have explained, DFTA has implemented a successful process to identify and assist senior centers that may be struggling. DFTA also routinely discusses senior centers with local elected officials and seeks their feedback on a variety of issues related to the centers, including the recent RFP. Furthermore, the city's procurement rules and DFTA's own outreach efforts will insure that bidders and other members of the public are adequately informed throughout all of the stages of the RFP process. Through the senior center RFP and our other modernization efforts, we will continue to pursue our core mission of working for the empowerment, independence, dignity and quality of life of New York City's older adults. We appreciate your feedback and look forward to continuing our partnership with you in this endeavor. I welcome your questions.

Testimony Prepared for
Committee on Aging
of the
City Council of the City of New York
On Thursday, December 04, 2008

Good Morning, my name is Gerri Matusewitch, Assistant Executive Director of Greenwich House. As a settlement house, located in the heart of Greenwich Village and sites in Chelsea, our mission is to provide needed social and health services, and cultural and educational programs to New Yorkers of all ages and backgrounds.

I want to thank the City Council Committee on Aging for holding these hearings.

I am here today to add my voice and the voices of over 1,500 senior citizens who use Greenwich House's senior center services in calling for a delay in the implementation of the Mayor's and the Department for the Aging's modernization program for seniors.

As many speakers have and will continue to confirm, the request for proposals has many outstanding questions yet to be answered, chief among them the wisdom of overhauling a services system in the current budget crisis. We believe that modernization at this time will not only create huge challenges for nonprofits but in multi-service organizations like settlement houses may well jeopardize other programs linked to senior center services.

One of our greatest concerns is the changes that we've noticed in the past 8 to 9 months: more and more seniors coming to our center for meals in addition to the unique arts and educational activities that we provide. We've seen an increase of 20% and it shows no signs of going away. Seniors tell us that they need the meals and services because of the stress the economy has placed on their income. To modernize the system at this time would not only disrupt established provision of services but would leave many seniors with greater distances to travel or confused about where to receive services. Seniors, like the rest of us, should not be asked to undergo disruptions in their preferred places to get meals, services nor disruptions in maintaining friendships which are so important to their wellbeing and ability to navigate the city's service system. I urge you to delay the implementation.

Thank you.



COMPTROLLER OF THE CITY OF NEW YORK
1 CENTRE STREET
NEW YORK, NY 10007-2341
(212) 669-3500

WILLIAM C. THOMPSON, JR.
COMPTROLLER

December 4, 2008

Edwin Mendez-Santiago
Commissioner
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007

Dear Commissioner Mendez-Santiago:

I write to express my concern about the Department for the Aging's (DFTA) Request for Proposal (RFP) for Congregate Programs for Older Adults (PIN: 125 10 SC1 0000), released on November 3, 2008. The RFP envisions sweeping changes to the City's current senior center system while leaving many significant questions about the redesign unanswered. I am especially disappointed that many of these unresolved issues are the same ones that DFTA was asked to address repeatedly throughout the last year.

While I applaud DFTA's increased emphasis on healthy aging, the RFP imposes a centralized, highly structured program design without regard to existing capacity or neighborhood needs. By imposing a rigid approach to modernization, the implementation of the program described in the RFP risks alienating and isolating seniors who depend on their local center as an essential lifeline. This is especially true given that DFTA itself projects that as many as 89 centers may be forced to close.

Moreover, it is unclear whether the funding for this new approach is adequate, stable and allocated on a rational, equitable basis. Using DFTA's ranges for the projected number of neighborhood centers and Senior Hubs it expects to award, if proposers bid at the maximum allowable budgets, \$500,000 and \$1,000,000 respectively, the available funding would cover between 209 and 239 centers; there are currently 329 centers operating. Senior advocates believe that the requirements for expanded services in the RFP will make it necessary to bid at or near the maximums.

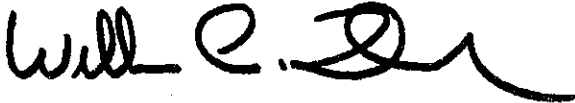
Commissioner Edwin Mendez-Santiago
December 4, 2008
Page 2

Furthermore, the RFP places available funding at \$117 million, up from the \$94 million originally projected by DFTA. However, it has been reported that the additional funds represent City Council and Borough President allocations that have been redirected from their original purpose. I am concerned that upwards of \$20 million in funding for these contracts may not be available on a consistent basis or intended for use in this manner. Moreover, the method for determining and distributing each region's total budget is unclear, making it impossible to assess whether the funds meet area needs.

I am especially concerned about DFTA's ability to ensure a smooth roll-out of any new program. When DFTA announced its intention to replace its daily hot Meals-on-Wheels program with a semi-weekly frozen meal delivery, I, and many others, raised questions about the plan. To your credit, this led to a rethinking of several aspects, including making participation totally voluntary. While I still have reservations about the frozen meals program, by starting out in one borough only, the agency was able to fine-tune its approach.

If the questions raised in the attached document cannot be addressed thoroughly and in an adequate time frame, I urge you to withdraw the RFP at this time and reissue it at a future date with appropriate modifications. For the sake of our seniors as well as the providers who serve them, it is essential that a meaningful dialogue focused on how to meet the needs of all seniors, younger and older, able-bodied and frail, precede any alteration to DFTA programming.

Very truly yours,

A handwritten signature in black ink, appearing to read "Will C. Thompson, Jr.", with a stylized flourish at the end.

William C. Thompson, Jr.

New York City Comptroller William C. Thompson, Jr.

Concerns Regarding the Department for the Aging Request for Proposals for Congregate Programs for Older Adults

December 4, 2008

Funding concerns

Availability of the total amount of funding budgeted in the RFP is tenuous.

The RFP budgets a total of \$117 million for Congregate Programs for Older Adults, up from the \$94 million that DFTA originally projected for the RFP. This may appear to be a sizeable increase, but it has been reported that approximately \$20 million of this higher total consists of funding that was diverted by the administration from other City Council and Borough President senior initiatives. Not only does this harm other senior programs, it also is unclear whether this spending plan will survive.

The RFP does not disclose the method used to determine each region's total allocation.

The RFP divides the city into 23 regions, each comprised of from one to six Community Planning Districts and each with a separate budget ranging from \$1 million to \$8.4 million. The RFP does not state how each region's total budget was developed other than that population and poverty level were considered. A review by Comptroller Office staff found that the allocation per person over 60 years of age varies tremendously and inexplicably among regions, from \$54 to \$160. The RFP should provide the formula used to derive these amounts.

The requirement for centers to raise some of their own funding is problematic, especially in the current economic environment.

Starting in the second year of their contracts, centers will be expected to raise from one percent to three percent of their annual budgets through fundraising or grants. The smaller centers may not have the expertise to raise these funds. Given the current economic climate and the heightened need by many other non-profits for non-government assistance, it must be questioned whether a total of from \$1 to \$3 million in charitable funds will be available citywide for these services. Moreover, the RFP does not indicate the consequences for a center that does not meet its fundraising target. Will its funding be reduced by the amount it was required to raise but did not?

The RFP does not cover certain capital costs.

The RFP states that neither current centers that may have to renovate or relocate to meet the RFP's space requirements nor new providers are permitted to include funding for building renovations in their RFP submissions.

Programmatic concerns

The Department for the Aging RFP for Congregate Programs for Older Adults moves senior centers toward a "wellness" model, mandating that centers offer a list of specified

health-related activities. Senior Hubs will be required to provide at least six activities, of which three must be health and wellness-related. Neighborhood Centers will be required to provide at least three activities, of two must be health and wellness-related. All centers will have to have a walking club, a flu vaccination campaign, a blood pressure monitoring program, and monthly health promotion and disease prevention activities on specific topics specified in the RFP, e.g. hearing screening, vision screenings, hypertension, diabetes, etc. Senior Hubs must provide an annual health risk assessment and individual plans for each senior to address identified risks. These are commendable goals.

No additional funding is identified for these programs.

Modernization of Congregate Programs for Adults, focusing on health promotion, is overdue. But most centers currently are a long way from complying with the enhanced health promotion requirements laid out in the RFP. They will require substantial additional financial and administrative support.

The Office of the Comptroller has learned that much will need to be done if existing centers are to reach the ambitious health-related activity requirements of the RFP. Comptroller staff has surveyed a sample of 61 senior center directors throughout the city about their health promotion activities. Directors were asked specific questions about the health screenings and health education programs they offer. While 90 percent of the responding centers said they provide blood pressure screening, many fewer said they screen for other age-related conditions. For example:

- *Only 33 percent of centers screen for hearing loss.* Hearing loss affects over 60 percent of those over 70.
- *Only 31 percent of centers screen for diabetes.* Although diabetes affects 16 percent of Americans over 65 years, most centers do not conduct diabetes screenings.
- *38 percent of centers screen for glaucoma.* Glaucoma can lead to blindness. Still, most centers do not offer the relatively easy-to-administer, non-invasive “air puff” screening for this disease.

Also, most centers have limited health-related education programs. Only one center in the survey offers education about hearing loss, only one center offers education about depression, and only three centers offer glaucoma education. Only half the centers surveyed provide education about diabetes.

Center directors told the Office of the Comptroller that they wish to offer more health promotion services but they need help in identifying and recruiting providers to perform additional health screenings and they need help funding these services. The RFP does not provide for this. It states that the Department of Health and Mental Hygiene “is committed to working with DFTA and our providers to bring their expertise and knowledge of public health issue to senior congregate activities.” However, there is no discussion of how this will be

accomplished or the extent of DOHMH participation in providing health activities at senior centers.

Senior center directors told Comptroller office surveyors that more attention should be paid to mental health issues, including depression, bereavement and dementia. Depression affects 20 percent of Americans over the age of 65. It can be effectively treated but the signs of depression are often missed by family, friends, and even doctors. The RFP calls for additional mental health programming, including an annual depression screening at Senior Hubs, but again, there is no indication that funding will be specifically offered to help centers find partners to provide these services. In the Comptroller's survey of senior center directors, a mere 15 percent of centers screen for depression. Providers who respond to the RFP will have to pay for these added services out of their contract funds.

Health promotion activities can be expensive to provide. For example, to help fulfill the daily requirement for three health and wellness-related activities, Senior Hubs must purchase one of two evidence-based health programs selected by DFTA. These programs are costly and involve additional expenses related to staff training.

In addition to expanded health promotion activities discussed below, the RFP imposes a number of additional potentially costly requirements. Providers will also have to meet specific space requirements, purchase DFTA-mandated performance reporting software, and, in the case of the Senior Hubs, provide a computer lab, to cite a few examples.

There is minimal technical assistance available for the neighborhood centers to implement health programming.

While DFTA states that it will arrange for the Senior Hub providers to receive training in the implementation of the required "evidence-based" health programming, the only resources it offers to the Neighborhood Centers -- which will also be expected to step up their health and wellness programming -- is material on a blood pressure monitoring program. Neighborhood Centers, which typically have very limited staffing and resources, will be placed at a disadvantage as they seek to put new programming in place and meet participation targets.

Other concerns

The physical space requirements could disqualify some current providers/centers located in spaces such as churches or community centers.

The RFP requires that each Neighborhood Center and each Senior Hub have rooms where activities can be offered and that each activity space provide enough room for at least 25 participants. It is not clear from the RFP if that means that a Neighborhood Center, which is required to offer three different activities, must have three separate rooms seating 25 participants, or, if one room can be used at different times. Senior Hubs are required to offer six activities, so they might need two, three or even more rooms. These new space requirements could disqualify some current senior center sites.

The RFP recommends that centers help meet these space requirements through collaboration with other organizations. Another recommendation is that the centers use off-site facilities. *The RFP does not suggest how these initiatives could be organized or presented to seniors.* For example, how will seniors, particularly disabled seniors, travel to an off-site location? If a senior currently receives transportation, will transportation also be provided to an off-site location?

Reviewing simultaneously all submissions from respondents for the entire city presents enormous logistical challenges.

Under the current system, in any given year services in only one portion of the city are put up for contract -- approximately 50 to 60 centers annually. DFTA now proposes to put the entire city up for contract all at once. Final proposals have to be submitted on January 23rd and DFTA has stated that they will be able to evaluate all the proposals and initiate contracts by July 2009. DFTA will have to review potentially hundreds of proposals and staff will need to visit sites; at the December 2nd Bidder's Conference, an agency representative said they intend for staff to visit *all* proposed sites. Moreover, the requirements in the RFP are more complex and demanding than in the past.

To be sure, there is a need to reconfigure and re-envision the goals and practices of senior centers to reflect demographic changes and recent research on healthy aging. The sweeping process for doing this envisioned in the RFP, however, is untested at this scale in a city of New York's size and complexity, with the potential to disrupt critical support services for a highly vulnerable population.

Technical and cost responsibilities under the RFP are extremely complex and will impose a substantial burden on many providers.

Responding providers are expected to do independent research on wellness programs, create multiple documents from scratch and complete an extremely detailed cost proposal. The RFP has page after page of detailed questions, tables to complete and calculations to be made. For small centers with little staff, and for those centers where the staff and population are not native English speakers, successfully meeting the RFP requirements will be extremely challenging.

Final observations

Many centers could close, with serious implications for seniors.

Senior Centers are a lifeline for many older people, especially in lower income, immigrant communities and communities of color. Seniors rely on their centers for more than a meal; they provide social and emotional support which gives them a reason to leave their house and interact with others.

Yet the RFP anticipates widespread closures in stating that there will be a total of from 225 to 310 Neighborhood Centers and 15 to 25 Senior Hubs. Taking just the lower numbers, there would be a total of only 240 senior centers, 89 fewer than the 329 now operating.

The lower estimate is likely to be the more accurate one. In order to cover the increased costs due to the expanded requirements in the RFP, senior advocates believe that most proposers will need to request the maximum amount of \$1 million per Senior Hub and \$500,000 per Neighborhood Center. The RFP precludes small centers, many of which are geographically isolated or serve unique populations, from applying inasmuch as it requires a minimum of 75 meals to be served daily on average. If DFTA awards contracts to 25 Senior Hubs at \$1 million each, for a total of \$25 million, this leaves \$92 million, which is enough to fund only 184 neighborhood centers at \$500,000 each; there would be a total of only 209 centers, compared to the current 329. Assuming the minimum of only 15 Senior Hubs at \$1 million each, \$112 million would remain, which would be sufficient to fund only 224 neighborhood centers at \$500,000, for a total of 239 senior centers.

We must be sensitive to the reality that most seniors are strongly attached to their current center and its programs. Relocating a senior to a center in a new location and with different programs could discourage him or her from attending *any* center. Frail seniors are especially vulnerable to changes in surroundings and routine. It is especially of concern that many of the centers most likely to close are smaller ones that serve a specific demographic.

A related concern is that the RFP has no guaranteed minimum number of centers per region or a minimum number of centers per senior population. So if all of the proposals for a particular community are rejected -- perhaps because the respondent could not guarantee that they will serve an average of at least 75 meals a day -- there is no assurance that seniors in that area will be served at all. At the RFP Bidder's Conference held on December 2nd, this concern was raised in regard to geographically isolated areas (the Rockaways and City Island were mentioned) and the response was that DFTA would not consider proposals for less than 75 meals a day under any circumstances. Moreover, it should be noted, there are highly popular centers for which meals are a secondary offering and seniors attend primarily for their range of activities.

Testimony Regarding DFTA Congregate Meal RFP

December 4, 2008

Julia Schwartz-Leeper, LMSW

Executive Director

Riverdale Senior Services, Inc.

Thank you for this opportunity to speak to you about the Congregate meal RFP for Senior Centers. I am Julia Schwartz-Leeper, the Executive Director of Riverdale Senior Services. RSS currently holds three DFTA contracts. A Transportation Program, A Social Adult Day Program and a well established Senior Wellness Center. DFTA has supported our programs for 35 years. It has been with the vision and leadership of DFTA, in partnership with our own, which has allowed RSS to provide quality services to thousands of seniors over these past 35 years.

I have been in the field of aging and health since 1984 and joined RSS three years ago with a commitment to modernize our program and build on the Health Promotion Services. Anyone who works with me, knows that I am committed to collaborations and have worked tirelessly to work together with all of the services and agencies in my community that can benefit older adults. I strongly believe that the benefit of a seniors center is that services are accessible, meaning easily available and understandable to all seniors regardless of their culture, physical or mental limitations.

And like so many of us, I am also a caregiver. I am responsible for my mother who has Alzheimer's Disease. And even with my years of experience and countless resources, I am often overwhelmed. I also have a new appreciation for the need and the limited services available to caregivers.

So as I read the concept paper and even the RFP, the words echo my values and many of the services we provide at my Center.

Why then am I so concerned? People are shocked to hear that my Center could be at risk for closing if this RFP goes through as it is proposed. I am afraid it is true. We have already absorbed a 3% cut and now the sudden withdrawal of our Adult Day Funding.

If we do not receive one of the precious few "Hub" contracts, we cannot survive as a "neighborhood center" only. We are one of the few Centers with an RN on staff and regular health and mental health screenings. Evening and afternoon programs for the "younger fitter" seniors, such as Tai Chi and Yoga. Evening meals and a lecture series. Extensive art classes. In short, we are meeting the needs of a wide range of seniors from 60-105 with diverse interests. We provide services to other Centers and work with children and caregivers and yes we even fund raise. We simply could not do all of this as a "neighborhood center."

My story is just one of many, but the overall problem with this RFP is that NYC is a City of diversity and one size (with an occasional larger size) does not fit all. We provide countless activities, but rarely more than 120 meals a day, yet other Centers provide over 300 meals a day with no staff or space for extensive programming and "health assessments."

This RFP will work for some Centers, but it will not fit the diverse needs of seniors throughout this great city. It will cause programs like mine that are already providing wellness programs and collaborations to consider reducing services or closing all together. It will also place a huge burden on programs ~~such~~ to develop tracking systems and evidence based practices, with an already overburdened staff.

I am the one who will be writing these proposals, developing these collaborations, testifying here, in between preparing my payroll, meeting with members, answering the phone (what is for lunch today?) and sometimes even serving meals. And now developing evidence based programming and data collection programs.

I support the efforts to modernize, but this RFP is rigid and does not encourage collaboration, but is creating an unhealthy competition and scrambling for limited dollars which will ultimately hurt the well established network and programs in this great Aging network.

It is important to note, especially in these lean financial times that allowing this network to come undone will have ramifications far beyond the closing of a few senior Centers. There will be an increase in physician and ER visits and increased healthcare and Medicare and Medicaid costs. And when we realize what we took for granted, it will be too late to rebuild.

There is no fat to trim in our Senior Center budgets. We have staff that are underpaid and as one of my members recently said, "our cook knows how to stretch a dollar until it screams." And please do not tell us to rely solely on volunteers. Volunteers are invaluable, but they require training and can not and should not be relied on to provide core services such as health assessments and social services.

As a society we need to value our seniors, but we also need to be fiscally responsible and think ahead. These services clearly prevent other more costly services. Please do not just reduce are funding, only to increase the burden on other government services. Any taxpayer should be concerned about this request for proposals. This is a crucial time in our history, please consider carefully. Thank you for your time and attention. We will all need these services some day.

Testimony to the Committee on Aging and the Subcommittee on Senior Centers regarding the Impact of DFTA's Modernization Plan on the City's Senior Centers.

December 4, 2008

My name is Sandra Christian and I am the Assistant Executive Director for Senior Services of Ridgewood Bushwick Senior Citizens Council.

I would first like to thank the Speaker Christine Quinn, Chairs Arroyo and Vacca for holding these hearings regarding the modernization of senior services in NYC. We all share the desire that while planning for the future we ensure that all seniors young and old continue to receive quality services under this plan for modernization and reorganization.

I would like to address my testimony primarily to the reduction of meals that will occur as a result of the RFP funding and budgeting restrictions.

RBSCC currently operates 6 senior centers. Of these 6, 5 are located in Brooklyn Service Region 1. This service area currently has 18 senior centers funded by DFTA. The current allocation projected by DFTA for this area is \$5,620,000. If we assume that this area gets one hub of the 15 to 23 planned and the remainder are to be awarded neighborhood centers at \$500k, then the funding needed for this area would be 9.5 million. DFTA has stated both that programs can propose up to \$500k but at the same time are expected to propose at current funding levels.

They verbally have stated that they expect programs will propose at current funding levels. This will not be possible for many centers who are either located in NYCHA buildings or in City direct leased spaces. Programs are expected to project rent that would be charged for comparable space and include this rent and utility cost into their proposal, many programs would now exceed 500k in current funding and rent cost alone.

This results in two major areas of concerns.

1. DFTA has stated that it maintains the right to change allocations from service region to service region in the best interest of the city.

What criteria will be utilized to make these decisions? Clearly to fund the Hubs and neighborhood centers some centers will close and funding will have to move from community to community.

2. Senior Centers that serve large numbers of meals each day will have to reduce meals in order to include rent and propose within a 500k budget.

RBSCC as mentioned has 5 sites in Brooklyn Region #1. 4 of these 5 centers serve between 260 and 320 meals per day including breakfast and lunch. Each of these 4 centers has both the space and the service numbers currently to qualify as a Senior Hub. In fact all five centers already have significant health promotion activities as well as educational and recreational activities, including walking clubs, tai chi, yoga, ball room dancing, computer labs and health and nutrition screening among others.

Yet with 23 Hubs citywide certainly we will have to choose centers to be neighborhood centers. This is where we run into huge dilemmas. In order to include rent costs on top of our current senior center expenses, we have to reduce somewhere to get within 500k. As our centers are already stretched thin we have no staff or OTPS lines to cut.

I have attached for your review a sample budget for one of our current centers located in a NYCHA site. This center serves approximately 120 breakfasts and 200 lunches each day. (Current DFTA funding is for 64 breakfasts and 155 lunches, however our numbers have grown greatly over the last year.)

The staffing in this center is minimal with a full time Director and Assistant Director and a 15 hour administrative clerk along with a full-time custodian and a total of 1.85 equivalent kitchen staff. We have also added minimal health promotion and education/ recreation instructors to meet the 3 class per day requirements of neighborhood centers.

We have added a minimal rent at \$14 per square foot (which we know is low). When we take this very cost restrictive budget including this low rent we still exceed \$500k. When reducing this budget by contributions, (still not clarified at this time.) our budget is \$602,576. In order to propose at \$500k we would need to eliminate our breakfast program and reduce 90 congregate lunches.

This scenario would happen for any of our centers that serve well over 200 meals per day. Is this why DFTA asked for neighborhood centers to serve on average 75 meals per day?

What will happen to these neighborhood centers, will they be forced to send hundreds of seniors away for lunch.

In neighborhoods where seniors live in or on the brink of poverty, a nutritious breakfast and lunch are not just an incidental they enjoy after coming to our centers for Yoga and Tai Chi, they are essentials that sustain them so that might then participate in a class after their meal.

It is ironic that one year ago this committee held hearings on "Addressing the Impact of Hunger on the City's Senior Population." An area where everyone agreed (including DFTA) was that seniors who ate breakfasts were less likely to be at nutritional risk. Now in one of the worst economical times in our city this RFP will force breakfast programs to be eliminated and congregate lunch programs to be reduced.

There is no doubt that any of us who run senior centers would love to have the funding that comes with a hub to enhance and quantify our already existing health promotion activities. Area Agencies on Aging around the country are funding Demonstration Projects and teaming with universities to build healthy aging projects. They are not throwing the entire senior center system up in the air and letting the cards fall where they may. Many of us are still struggling with home delivered meal clients that have been found six months after the case management transition and huge caseloads. We also know that the transition of the home delivered meals contracts had major errors in projected meals and we anticipate the transition struggles that will occur very soon as these transfers begin. Would time for thoughtful planning of senior centers not prevent the loss of crucial services for all seniors residing in our communities?

Respectfully,

Sandra Christian

Sample Neighborhood Center Budget

This center is currently housed in a NYCHA location. For the purpose of this budget draft we have calculated rent at \$14 a square foot.

We also have included contributions on top of the \$500,000 as DFTA has not clarified this at this time.

Proposed Staffing

	Hrs Per Wk
Director	35
Asst. Director	35
Custodian	35
Cook	20
Asst. Cook	20
Kitchen Aide	25
Admn. Asst./ Clerk	15
Exercise & Educ. Instructors	13

> 65 hrs or 1.85 FTE kitchen staff

Cost	Budget
Total Admn.	\$ 289,195
Other OTPS	\$ 27,006
Rent	\$ 192,000
Raw Food/Disposables	\$ 169,375
Other	\$ 1,775
Total OTPS	\$ 390,156
Ttl GF, Inc & CI	\$ 679,351
Contributions	\$ (75,000)
A. Total Reimbursement	\$ 602,576
B. Neighborhood Center Budget	\$ 500,000
C. Remaining Deficit (A-B)	\$ 102,576
D. Minus Breakfast	\$ (47,891)
E. Remaining Deficit (C-D)	\$ 54,685
F. Raw Food and Disposable Rate	\$ 22.597
Reduced Lunches Per Year (E / F)	\$ 22,597
Meals to be cut per day	90

Meals/Day
Meals/Year
Raw Food & Disposable

	CNBK	CNL
	120	200
	\$ 30,120	\$ 50,200
	\$ 1.59	\$ 2.42
	\$ 47,891	\$ 121,484
Total	\$	169,375

avg cont	Meals
(0.93)	80,320
Total Contributions	\$ (75,000.00)

also loss of another \$.93 in income per meals cut



Council of Senior Centers & Services of NYC, Inc.

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**DEPARTMENT FOR THE AGING (DFTA) SENIOR CENTER RFP
CITY COUNCIL COMMITTEE ON AGING HEARING**

**CITY COUNCIL COMMITTEE ON AGING
CHAIR, COUNCILWOMAN MARIA DEL CARMEN ARROYO**

**SUBCOMMITTEE ON SENIOR CENTERS
CHAIR, COUNCILMAN JAMES VACCA**

December 4, 2008

The Council of Senior Centers and Services (CSCS) is the central organization in NYC representing the 329 senior centers and a broad array of community-based services for the elderly. CSCS' 200+ members provide services to 300,000 older New Yorkers including multi-service senior centers, congregate and home-delivered meals, transportation, case management, home care, adult day services, elder abuse, intergenerational, caregiver supports, NORCs, health and wellness programs, housing, mental health, cultural events, opportunities for volunteerism and other services.

CSCS commends City Council, under the leadership of Speaker Christine Quinn, for aggressively opposing the Department for the Aging's senior center rfp. There has been thoughtful, widespread concern about both the senior center rfp and the timing of it. This is not about resistance to change. It is simplistic to say "change is hard". This is about deep concern that the city's plan is seriously flawed and is being put forward at the wrong time. It does not reflect an understanding of how older New Yorkers live in their neighborhoods. It is a restructuring imposed on seniors, not planned with them. It does not incorporate concerns put forth by community service providers who understand the nuances of local neighborhoods, the seniors they serve and how to provide services. CSCS and its over 200 members support City Council's position and ask the Bloomberg administration to withdraw the senior center rfp.

We are proud to learn that the NYC Feedback Citywide Customer Survey, released yesterday and announced at a press conference by Mayor Bloomberg and Public Advocate Betsy Gotbaum, reported a 92% customer satisfaction rate with senior centers. This is a remarkable accomplishment. Seniors are overwhelmingly satisfied with their senior center.

It has recently been announced that the nation has been in a recession since December, 2007. Older New Yorkers have been living this well before the official announcement. Seniors are becoming poorer in this city and are turning more to senior centers. This is not the time to pull the rug out from them by closing senior centers or causing turmoil. It is clear that the city is hiding behind the rfp process and plans to close a substantial number of senior centers.

Coupled with budget cuts, this is a recipe for disaster for seniors and for providers working hard on the front lines every day. Yes, staff will lose jobs. Most employees live in NYC – many of them living in the community they work in. While we count the loss of other types of jobs, the city needs to take into account the loss of jobs created through the community-based social services network. Social services is an economic engine for jobs as well as goods and services purchased locally yet no one talks about a bailout here.

As you will see by the seven pages of questions regarding the rfp, there is much confusion among service providers as to how to meet the requirements. Feedback from some service providers who attended the December 2nd bidder's conference was one of disappointment and frustration. DFTA staff did not answer questions, replying mostly that the information was already in the rfp or it will be in an addendum. If the rfp were clear, then providers wouldn't be asking the questions in the first place. It remains to be seen how much additional information will be in the addendum. DFTA remarked that many of the budget questions were "meal centric". This shows that DFTA doesn't understand that the senior centers are to some extent "meal centric" as they are one of the major nutritional programs for the elderly in the city. Meanwhile, the tock clicks towards January 23rd, the submission date.

On the most basic level, the \$500,000 for "neighborhood" senior centers and \$1 million for "hubs" is insufficient to carry out the programmatic requirements within the rfp. The typical \$350,000 senior center budget that DFTA funds now, usually has more money in it from City Council, Borough President, state funding and private fundraising. Simply put, if agencies have to utilize a substantial amount of the money for health and wellness programs, there will be insufficient money for meals, casework, transportation – all historically core services at senior centers. While no one is opposed to bringing in health and wellness programs or evidence based programs, the money is not there.

At the bidder's conference DFTA stated that agencies would have to budget for:

- Software used to report data to DFTA - The city would determine which software but not pay for it.
- Vehicles – Even if an agency has vans now, they have to budget as though they do not. This means the purchase of vans would have to be included in the budget. Transportation is now funded either within a senior center's budget or in a separate transportation contract.
- Rent – senior centers located in NYCHA, city owned or city leased sites, that do not currently pay rent, must include the cost of rent in the budget. DFTA maintains that rent will not be actually charged. After asking DFTA how they would know how much rent to include, DFTA's response was "do the research". That was not a particularly helpful response.
- Evidence based programs – these programs can be very costly to get staff trained. The Stanford model can cost \$15,000. DFTA stated that agencies can not assume in their budgets that resources from other city agencies like DOH will be available to the senior centers. If the city has resources for training, why are they withholding it from senior centers?
- Computers – If a senior center wants to be a "hub", it must have a computer lab. Cost to create a lab and purchase computers must be within the bottom line of the proposal.
- Nutritionist – There are requirements for use of a registered nutritionist in the rfp and the cost to be borne by the provider.

These are all new expenses. Add to this that City Council and Borough President funds that senior centers use to supplement costs of meals and services are already in the budget as the administration unilaterally took these funds and added them into the rfp.

Excluding centers by changing facility requirements - The physical plant requirements of the rfp will preclude many senior centers from even applying as they do not have enough rooms that can hold 25 people for an activity. In doing this, DFTA has changed the facility requirements in place for 35 years as many are located in church and synagogue buildings as well as other community sites. DFTA had to do this with the knowledge that many centers would be excluded from the rfp process and would close. Funding for renovations, where possible, is not available. NCOA Evidence-Based Health programs state the number of participants should ideally be 12-16.

DFTA's track record on restructuring and implementing services causes much concern. The case management restructuring, which began April 1, 2008, is still causing serious problems including inordinately high caseloads of over 100 (twice the 65 stated in the rfp), waiting lists for new clients to get assessed, gridlock in getting new clients on to meals-on-wheels because case managers are not able to make the initial assessment, and difficulty doing follow up because case managers are overwhelmed.

We remain concerned that the roll out of the meals-on-wheels restructuring will cause turmoil as it did in the Bronx. Transitions have been anything but seamless as DFTA claims. Before stability is reached in these programs, agencies are being asked to do rfp's for all the senior centers. It is too much, too quickly and DFTA needs to take responsibility to clean up the havoc it has caused before moving ahead with this rfp.

In this difficult fiscal time, as the chief advocate for the city's elderly, DFTA has an important role to play in uniting seniors, service providers and government to protect seniors. Seniors and the service network have entered this fiscal crisis overwhelmed and fearful of DFTA and its restructuring initiatives. Waves of budget cuts threaten to eviscerate services even further as need grows. Withdrawing the senior center rfp would signal to seniors and providers that DFTA and the administration have taken their concerns seriously and recognize that we must all put seniors first. It is all our jobs to provide stability for seniors during these unstable times.

ISSUES REGARDING SENIOR CENTER RFP
December 2, 2008

The total budget for the senior center rfp, "Congregate Programs for Older Adults", is \$117 million. This is an increase from the original \$94 million DFTA had indicated would be in the rfp. The additional funds came from the administration unilaterally incorporating about \$11 million of City Council funds for meals, vans, rent, and the Healthy Aging Initiative, and \$7.5 million of Borough President funds for senior services. A substantial number of senior centers across the city will undoubtedly be closed via this rfp. Additionally, the cumulative effect of budget cuts and the rfp will also make it difficult, if not impossible, for some agencies to apply.

The NYCHA budget deficit left a \$30 million gap in DFTA's budget for senior centers. City Council allocated \$18 million towards the gap. It appears as though at least part of the remaining \$12 million gap is being covered by the utilization of City Council and Borough President funds. This results in taking services away from one senior to serve another senior. Some NYCHA senior centers will be closed via the rfp process.

Additionally, there will be about a \$2 million reduction in meals-on-wheels funding available due to the City Council and Borough President meals and transportation funds being taken away.

The rfp includes the budget for each of the 23 regions (same as case management regions) for senior centers. DFTA's bidder's conference is Dec. 2nd and the due date for submission is Jan. 23, 2009. Expected implementation is July, 2009.

Two types of senior centers in the rfp: (there are currently 329 senior centers)

1. Option 1 – Neighborhood Center: maximum annual budget is \$500,000. There will be 225-310 Neighborhood Centers. Required to serve 75 meals a day and three health and wellness and arts programs daily.
2. Option 2 – Senior Hub: maximum annual budget is \$1 million. There will be 15-25 Senior Hubs. Required to serve 200 meals a day and six daily activities of health and wellness, art and other activities. Also required to provide "evidence-based programming" for falls prevention and the management of chronic diseases. These interventions are already established programs with outcomes and evaluations of senior participants. While they are valuable programs, it is very expensive to train staff, implement and operate these programs. It also takes time to phase them in both in terms of staff training and seniors wanting to participate (it will be a culture change for seniors).

This information is based on feedback from Senior Service Providers:

1. Regions:

- Will Senior centers close because there is not enough money per region to retain the current number of senior centers?
- What funding formula/criteria did DFTA use to decide how much money each regions received?
- Clarification is needed as to how regions are defined. Will they be pre-set by DFTA or to be determined by the applicants? How does a region of service correspond with the budget?
- Will the regions be based on the case management and MOW regions, which have been seen as too unwieldy both geographically, culturally and economically?
- Will there be lots of job losses?

2. Senior center hubs & Neighborhood centers:

- How will DFTA decide whether the site is better suited to be a Neighborhood Center or a Senior Hub?
- If an agency applies for a hub, do they have to do a second rfp for the same center to be a smaller neighborhood center in case they aren't chosen as a hub?
- If a Hub Center has a number of locations, are the combined services of each site used to measure the achievement of required outcomes? For example, two –three regularly scheduled (and appropriately diverse) activities take place at each of three sites (6-9) per day and an average of 70 meals are provided at each site (210) daily; does that meet the requirements of a HUB?
- Can an agency with a NORC program apply for a "hub" or "neighborhood" center and be able to keep the NORC funding, running the senior center in conjunction with the NORC?
- Is there a cap of how many Hubs DFTA will fund per region?
- Neighborhood centers are expected to link with hubs. Are these linkages to be with specific hub proposals submitted with this RFP proposal? Or simply to state the intent of the Neighborhood Center to link with one after the hub awards are made? If a neighborhood center chose to link with a specific hub, and that hub isn't funded, would this damage the center's proposal? How will we know who will be a HUB?
- Will DFTA evaluate and award hubs before it evaluates and awards neighborhood centers?
- Can multiple sites be rolled into a single contract the way satellite centers are currently rolled into a single contract?
- For a Center that provides over 200 meals but does not want to apply for "HUB" status, will it be considered for funding between the \$500,000 and \$1 million parameter?
- Do Neighborhood Centers have to provide evidenced based programming?
- A unit of service equals one unique activity. Is this per day? For example: if one senior has a meal and participates in two other activities on the same day, does this count as three units? If the senior does the same for three days per week, is this nine units?
- If a sponsor controls more than one senior center and a proposal is submitted for each center, is this considered a multiple proposal? Does the sponsor need to demonstrate capacity to supervise multiple centers? Does it need to submit documents for each center proposal?
- For new programs in new spaces, is it acceptable to present a contingency lease, where the lease would be signed upon receipt of the contract award?

- DFTA states that “congregate programs not only provide socializing opportunities for their ambulatory members, but also reach out to the homebound members of the community, impacting on social wellness.” What programs are centers expected to provide to “reach out to homebound members”?
- Is DFTA prepared to reimburse centers for these programs to homebound seniors? Where do escort services and/or friendly visiting programs fit within this RFP?
- Does DFTA want staff to make home visits?

3. Budget

- DFTA set caps of \$500,000 for neighborhood centers. Is the cost of central insurance to be factored into this cap? Or does the \$500,000 refer only to the DFTA reimbursable portion?
- Also the question of listing of equipment, is computer and office equipment separate?
- What other expenses would fall into the start-up category? Does equipment count in start-up costs? Do start-up costs count in the budget?
- If a proposal envisions a computer lab where none presently exists, will DFTA fund the equipment and software, etc. for the lab? Can it be considered a start-up cost?
- Where on the budget do you include amortization on a vehicle that you own?
- Should we submit a 3-year budget? Can we submit for an increase in Year Two and Year Three, to take account of inflation, and the additional reporting in Year three?
- Page 6 of the RFP says no funds will be made available for “expenses for building renovations”...yet Appendix F says, “If renovations are needed, attach scope and cost of work and architect or contractor’s contact info.” Which is it?
- In the proposal submission instructions, DFTA requires bidders to submit the price proposal in a separate envelope. What is the reason for this?
- Will DFTA allow for incentives if programs are more successful than they project?

4. Payment:

- The RFP states that “the agency reserves the right to select any payment structure that is in the City’s best interest, including one not proposed by the proposer.” Does, DFTA have a specific payment structure in mind now? When will that be made available?
- Does DFTA already have a set unit cost reimbursement rate? (For the last RFP, agencies spent a tremendous amount of time AND money to calculate a unit cost reimbursement rate for HDM only to find out that DFTA was planning to reimburse agencies at an established rate.)
- On page 17, DFTA is “encouraging” agencies to “propose innovative payment structures.” Yet, DFTA indicates that for the first two years, the “payment structure will be a combination line item budget and payments tied to programming.” If DFTA has already decided what the payment structure will be, why are agencies being encouraged to propose payment structures?
- Payment Structure: RFP indicates that for the first two years, groups will be reimbursed by line item and “payments tied to programming and participation.” What exactly does this mean? Is “payment tied to programming” unit cost reimbursement?
- Since this will not be phased in until year three, presumably to enable DFTA and contractors to gain two years experience with the new model; why is such a detailed request being made now for performance-based payments? Would you reconsider this point and request that information during year two of the contracts?

- Year 3 and thereafter – 80% of payments will be performance based. The remaining 20% will be line item. Does that mean that 100% of what they are approved for in Years 1&2 are going to be paid?
- Could DFTA provide further clarification regarding incentives/disincentives related to performance-based payment? Does DFTA intend to financially penalize agencies who do not meet certain outcomes? Do agencies include a financial incentive based on a percentage of the overall budget or based on each specific service? Will all agencies have a uniform financial incentive/disincentive package? What does DFTA mean by liquidated damages tied to outcomes?

5. Programming:

- How will programs pay for the expensive evidence based programs which, like the Stanford model, costs many thousands of dollars to implement and operate? (Stanford costs \$15,000 or more to implement)
- Will centers be able to continue to provide transportation and casework services which are essential for low income immigrant seniors, casework and meals?
- Some senior centers currently include one-on-one clinical social work with clients. Will the new proposal continue to fund this service?
- If a senior center provides a teleconferencing program for homebound seniors in which they offer many classes that the congregate program has. Currently DFTA recognizes this program and has allowed agencies to count these activities as part of our ed/rec units in the current contract. Will the new contract continue to allow this? If an agency applies as a Neighborhood program, could the "Elders at Home" virtual senior center count the activities offered in EAH and the participants in this program?
- If geographic and target populations or program diversity is a criteria, why is it not part of the evaluation criteria?
- Is the provision of meals considered to be one of the 3 activity options a neighborhood center must offer on a daily basis?

6. Specific Health Promotion Programs:

- Will DFTA arrange for, or directly provide, training and any material needed to implement the Matter of Balance Falls Prevention Program? When do you project being able to offer those mandated trainings so Hubs can implement the program?
- Who determines what is rec and ed and what is health and wellness? For example: Some centers have a crochet class and many of the seniors join because it improves their fine motor skills and helps them with mental acuity, following patterns, keeping track of stitches etc., additionally, computer classes and games once again improve cognitive abilities
- DOH has said that providers would not be responsible for paying for the (sometimes very costly) training and licensing, but rather that DOH would have Master trainers. What is the relationship between DOH and the evidence-based programming in the RFP? Does or will DOH have Master Trainers that Senior Centers will have access to?
- Do we need to include performance indicators for programs in our proposal or will DFTA develop uniform measures that will be part of the contracts?
- If we need to develop our own performance indicators for the classes we organize does each class need a performance indicator or can we have a few general indicators for aggregate clusters (i.e. for everyone attending exercise classes).
- Does a blood pressure program need to be approved by DFTA before the Award? What is the process for obtaining DFTA approval for blood pressure programs? Who do centers contact for this approval?
- Is a Stay Well trained instructor recognized by CDC as a certified exercise instructor in the case of falls prevention?

- What if the TaiChi instructor has had the right credentials and experience but does not have a "national certification in older adult physical activity"? How will DFTA help the instructors to get this if it is necessary? Does the Stay Well training qualify towards this?
- What is meant by "Additional specialized education and training required" for the person giving physical assessments and leading the exercises, and how is that training to be obtained?
- Is DFTA requiring Centers to have a dietician and/or certified nutritionist for the meals? If so, does this expense become a budget item?
- Will DFTA provide a recommended \$ cost range (Per hour, per year) for nutritionist consulting? Is there a list of DFTA certified nutritionists available?
- Current DFTA policy prohibits a senior center from referring clients to an individual or business that makes a presentation to seniors at the center. Will DFTA change this policy as many of the health and wellness activities may be provided by individuals or businesses that make presentations at the center, and to whom some seniors may be referred for services?

7. Tracking Requirements:

- Are there two separate expectations for tracking data if you're a HUB or Neighborhood Center?
- What type of data collection will be expected from DFTA?
- Will neighborhood centers be expected to collect daily, weekly or monthly data?
- Does DFTA plan to track senior utilization with PDS? If not, which system is DFTA planning to use and will DFTA pay for it?

8. Meals:

- Unlike prior RFPs, there is no specific per meal cost in the rfp and the rfp states that meals are only "incidental". What does this mean? How much should agencies budget for meals?
- Minimum number of meals in rfp for a hub is 200. Budget doesn't sustain providing 200 meals a day, unless it is catered at cheaper prices. In some cases, it is an unrealistic number and will not work for a community.
- This brings into question the quality of the food seniors will be eating and the capacity to provide hot freshly cooked meals. Is it the city's intention to move away from hot freshly prepared meals at senior centers?
- Also need to make sure meals appropriate for a diverse population.
- The budget includes a line for a dining room aide, but no cook or kitchen aides. Does this lack of staffing and insufficient funds mean that DFTA expects senior centers to utilize catered meals, eliminating freshly cooked meals at senior centers? Program structure and financing will drive decisions on how much to spend on meals.
- Is a combination of meal types acceptable to meet the 200 count? For example, can a Hub serve 50 breakfasts and 50 lunches or some early dinners? Can meals be served offsite? Do they have to be 200 unduplicated seniors receiving meals in one given day?
- Do offsite meals have to be provided within the designated region only?
- Are the 200 meals for a hub and 75 meals for a neighborhood center minimums or maximums?
- Will DFTA reimburse extra meals proposed by the sponsor agency?
- If a program meets the minimum DFTA daily meals, will the sponsor agency be held responsible if they proposed higher numbers of meals and don't meet that unit?

- If a center currently serves 120 congregate meals daily and they apply as a Neighborhood Center with a budget that will barely support the 75 meal minimum, what becomes of the remaining 45 seniors who have depended on them for their meals over the years?
- Could two or more programs at different sites collaborate to meet the 75 minimum daily meals and activities apply for a neighborhood senior center? Could two or more program at different sites collaborate to meet the 200 minimum daily meals and activities apply for a neighborhood senior center?
- Will any allowance be made for the Neighborhood Center that serves, on average, 55 (Kosher) meals per day when there are no other Centers nearby to provide that specialized meal?
- Can they charge for the meals or is it voluntary contributions only?
- If the center is open on a weekend day, is it responsible for providing a set number of meals (75 or 200) on that day?

9. Location Requirements:

- Physical plant requirements exclude many senior centers from even applying as the rfp requires that there be sufficient rooms for three or six health and wellness programs each day and that each can hold at least 25 people. This is a major shift from the current physical plant requirements DFTA has had for decades. A substantial number of senior centers located in churches, synagogues, NYCHA sites and other community sites simply cannot meet this requirement and so cannot even apply for the rfp. Why is this required?
- What are the square footage dimensions for an area capable of accommodating 25 persons?
- If a proposal envisions space alterations to accommodate three separate rooms with a capacity of at least 25 persons, can this be considered a start-up cost?
- Will we have the ability to partition existing spaces to create smaller rooms
- If an activity is provided off site, for example at a library, does the site have to be ADA compliant?
- The NCOA Evidence-Based Health program instructions state the number of participants that is ideal for each intervention; that number is usually given as 12 to 16 people. Why is DFTA asking for 3 classrooms seating 25 persons each? (Examples: A Matter of Balance: 14 maximum, CDSMP: 16 maximum, Healthy Eating: 12, Falls Prevention-SAIL: 10, Tai Chi: 15. Only EnhanceFitness had a range of 10 to 25 participants.)

10. Transportation:

- Will funding from RFP allow for maintenance of vehicles now operated by senior centers?
- The rfp says to plan for transportation as though you don't already have any vans. Is DFTA planning to take away the vehicles?
- How will seniors that do not live near the Hub, attend activities at those locations?
- Will the separate Transportation Contracts be renewed, have a separate RFP or do they have to be included in the proposals? When will we know?

11. NYCHA sites:

- Where should an agency find the fair market rate for their space if it is leased by the city and/or NYCHA? What about programs that do not pay rent but are not NYCHA facilities? If we are using fair market value for our rent but share our space, how do we reflect that in the budget? Is there a standard per square foot rate we can apply?
- Would a center need to include the other rooms/office if they are not directly used for senior activities?

12. Fundraising:

- How will voluntary contributions be incorporated into the budgets?
- What are the expectations of how privately raised money is used?
- Why are contributions from center participants excluded from the fundraising requirement? Voluntary contributions were always allowed and appear to be included in the budget.
- If we are expected to raise between 1% and 3% of our budget starting in the second year, does that mean they will decrease our budgets by that amount, and what if we can't meet the fundraising goals? What determines the percentage we must raise?
- Also, do legislative grants count towards the fundraising percentage?
- If programs propose services for which a fee may be charged, are these fees expected to be part of a center's budget? Will DFTA seek to deduct program fees from agency reimbursements?

13. Vendex & other forms:

- Why are the vendexes of an organization's city contracts required rather than just for their DFTA contracts?
- Is compliance with LL 34 (Doing Business With) in addition to VENDEX?
- Can forms contained within the RFP be reproduced via computer?
- Budget Forms: There are errors. DFTA needs to re-issue forms
- Do we need to submit six copies of VENDEX forms for all city contracts for each proposal? For agencies with multiple city contracts, this requirement will lead to the generation of excess paper. Instead, can the results be summarized in a chart and included in each proposal?
- What is the difference between the organizational chart for the specific program (pg. 13) and the staffing chart (pg. 16)?
- For NYCHA sites: If an up-to-date VENDEX questionnaire and Nonprofit Questionnaire are already on file with the Mayor's Office of Contracts, do we need to complete and submit a new Nonprofit Questionnaire? If we do not need to submit the Nonprofit Questionnaire, how do we document this appropriately for the RFP?

14. Background checks:

- Contractors are required to conduct background checks of staff - Does that include fingerprinting?
- Since background check will be mandatory- could DFTA make an arrangement with the Police Department/others to get this done free of charge for senior centers? Or absorb the cost centrally? (Other city agencies provide this free of charge to contract agencies, particularly in children's services.)
- Will DFTA provide a list of approved vendors? How will the expense for these be allocated and to whom?

15. Cultural Competence:

- Could programs use other forms of mandated exercise such as Tai Chi to substitute for the walking clubs?
- What does it mean "...engage a larger and more diverse number of clients at the center on a routine basis"? Need more specificity on this.
- What is the definition of a "new" immigrant?

16. Partnerships:

- What exactly is DOHMH prepared to do for centers? Can we list DOHMH as a "subcontractor" or consultant? Who at DOHMH do centers contact to arrange for this expertise to be brought to the center?
- Can we partner with agencies out of our service area?

- What about liability costs to the agency and partner? Is DFTA willing to pay? How will data be tracked and who will track the data for off-site activities?
- Is approval required only for other centers or for all collaborators, i.e. hospitals, social service agencies, churches, libraries, gyms? In terms of "prior", do centers have to get approval prior to the submission of the proposal? Who at DFTA do we contact to schedule site-visits to obtain this prior approval?
- Are Linkage agreements for "no cost, no budget" working relationships?
- Sub-contractor organizational charts – Does this pertain to business organizations rather than individuals who supply consulting program services? Most individual contractors won't have organizational charts. How would a proposer meet this requirement? What if a business organization does not have an organizational chart? Would this preclude using this organization as a linkage?

17. General RFP Questions:

- Is there a time frame for questions to DFTA? Will there be a cut-off time when DFTA will no longer accept questions from agencies?
- Format of Submitted Proposal: Single or double spaced? Should a specific size font be utilized?
- Will DFTA provide a copy of the 1 page NYS survey, DFTA software for data collection, other forms referenced in the RFP for those organizations who are not currently funded by DFTA?
- Are agencies entitled to receive their scores on the RFP? (Whether they are awarded contracts or not?) Are agencies entitled to have knowledge of the individuals involved in assessing and scoring the RFP?
- The website www.nyc.gov/html/dfta/downloads/pdf/nysofa_good_health_practice.pdf, suggested by DFTA on page 3 for groups to utilize as a resource, is not available. The message comes up: You have reached an outdated page.
- What surveys, focus groups, and other opinion analysis has DFTA undertaken to verify its conclusion that older New Yorkers only want a place where they can surf the web, etc.?
- On page 4, DFTA indicates that they "believe" many older New Yorkers "foremost" want a place where they can surf the web, attend a fitness class, participate in a book club or just simply socialize with peers. Is this evidence-based? Are there studies to substantiate this "belief"? If there are studies, are they based on information obtained from the senior population of NYC?
- How are senior centers with a well-established clientele supposed to get their seniors to adapt to the new model of senior centers? If senior centers refocus their programs towards more evening services, including meals, without extra funds to cover extra hours, where will the "older" seniors obtain their daytime meals?
- If one of the intents of the RFP is to help older New Yorkers avoid early institutionalization, isn't there a risk that by implementing all of these changes in such a dramatic fashion towards the "younger" senior, and considering that many "older" seniors will not easily adapt to the proposed changes, wouldn't this hasten the possibility of institutionalization of the "older" seniors as they stop attending their present center?

For further information, please contact Bobbie Sackman, (212) 398-6565 x226 or bsackman@cscs-ny.org



Federation of Protestant Welfare Agencies

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Testimony before the Aging Committee of the New York City Council

Maria del Carmen Arroyo, Chair
James Vacca, Chair of the Sub-Committee on Senior Centers

Oversight Hearing on The Impact of DFTA's Modernization Plan on the City's Senior Centers Int 821-A

December 4, 2008

Introduction

Good afternoon Chairpersons Arroyo and Vacca and Council Members. Thank you for the opportunity to testify today on the important issue of the impact of the city's modernization plan on senior centers. My name is Crissy Liu and I am a Policy Analyst from United Neighborhood Houses. I am joined by Kathleen Fitzgibbons, Senior Policy Analyst from the Federation of Protestant Welfare Agencies. Our organizations represent hundreds of health and human service and educational agencies throughout New York City, many of which are dedicated to serving older adults. For the past year and a half, FPWA and UNH have participated fully in helping to conceptualize Mayor Bloomberg's initiative to "modernize" the Department for the Aging's (DFTA) services. Our staff and many member agencies took part in numerous workgroups to lend their on-the-ground experience and knowledge to a process which we hoped would improve Case Management, Home Delivered Meals and Senior Centers for many years to come.

While we have been supportive of DFTA's efforts to reshape senior centers, working toward a model that incorporates health and wellness activities in a comprehensive way and increases resources for more essential services, we have grave concerns over the timing of the recently-issued Senior Center RFP. It is for this reason that we are testifying today.

Budget and Economic climate

The recent issuance of the Senior Center RFP occurs at exactly the moment when the Mayor has proposed to eliminate or reduce funding for other DFTA services on which older adults rely, such as social adult day care, intergenerational programs, caregiver support services and elder abuse programs. The elimination of this important funding will create a very difficult challenge for nonprofit agencies and the clients they serve. Amounting to \$4 million in FY'09 and \$6.6 million in the out-years, the Mayor's November budget cut to DFTA comes on top of the already implemented State cuts and the 3% PEG reduction in City funding that senior centers have taken.

Moreover, the economic pressures and the real and anticipated reductions in funding both from government and philanthropic sources, are a real threat to nonprofits' abilities to sustain quality services that are so vitally important to the City's older adults. The proposed changes to the way senior centers are operated and funded will layer another burden upon nonprofit agencies already reeling from cutbacks from philanthropic sources and State and City government contracts.

Case Management and Home Delivered Meals

Along with the devastating economic climate, the aging services system has undergone major challenges and changes as two of the fundamental pillars of the system – the Home Delivered Meals and Case Management programs – have already undergone or will soon begin operating under the “modernization” plan. Aging service providers do not deliver services in silos and many of them have been providing all three of DFTA’s “core” services for decades. Many of the same nonprofits agencies, regardless of whether a past Case Management provider or a newly awarded Home Delivered Meals provider, have been impacted by two, if not all three, of DFTA’s RFPs. Providers are overwhelmed with the amount of restructuring that is happening simultaneously while trying to plan for the impact of a sliding economy that includes staff layoffs and defunded programs.

Unanswered questions remain

At the November 21st Finance and Aging Committees Hearing, the City Council asked DFTA whether questions submitted at and prior to the bidder’s conference would be addressed; and DFTA responded in the affirmative. Our organizations, in partnership with the UJA-Federation, the Council of Senior Centers and Services and the Human Services Council, submitted seven pages of questions to DFTA one week prior to the Bidder’s conference. The questions were gathered as part of the Senior Center RFP technical assistance workshops that we organized with funding from United Way and the New York Community Trust.

Yet, after the December 2nd bidder’s conference, there remain a multitude of questions that need to be answered, most of which were not adequately addressed by DFTA. While we need the key questions submitted prior to and at the bidder’s conference to be answered in a timely and accurate fashion, we remain concerned that even when DFTA provides answers, agencies will still be left with very limited time to complete their proposals.

Conclusion

The proposed senior center reorganization comes at the wrong time. Until the City’s budget situation is stabilized, and the size and scope of current and future City and State cuts becomes known, the Senior Center RFP should be postponed. Thank you.

Federation of Protestant Welfare Agencies

The Federation of Protestant Welfare Agencies (FPWA) is a membership organization of nearly 300 community-based social service agencies and churches providing services to more than 1.5 million New York City and State residents of every age, religion and race. Our diverse membership includes child care centers, youth development programs, foster care agencies, senior day care centers, AIDS service organizations, health and mental health clinics, and settlement houses. Throughout the years, FPWA has championed humane health and social welfare policies and fought for expanded resources for the most disenfranchised communities. Our mission is to promote the social and economic well-being of greater New York's most vulnerable by strengthening human service organizations and advocating for just public policies.

United Neighborhood Houses

United Neighborhood Houses (UNH) is the membership organization of New York City settlement houses and community centers. Rooted in the history and values of the settlement house movement, UNH promotes and strengthens the neighborhood-based, multi-service approach to improving the lives of New Yorkers in need and the communities in which they live. UNH's membership comprises one of the largest human service systems in New York City, with 34 agencies working at more than 400 sites to provide high quality services and activities to a half million New Yorkers each year. UNH supports its members through policy development, advocacy and capacity-building activities.

UJA-FEDERATION OF NEW YORK

Testimony before the Aging Committee of the New York City Council

Oversight Hearing on The Impact of DFTA's Modernization Plan On the City's Senior Centers

December 4, 2008

Introduction

Good Afternoon, Chair Arroyo and Chair Vacca. Thank you for holding a hearing on this important topic and for the opportunity to testify before you. I am Elana Broitman, Director of City Policy and Public Affairs from UJA-Federation. As you know, UJA-Federation represents over 100 health and human service agencies, many of which are involved in providing services to the elderly and their caretakers. A number of our agencies currently operate city-funded senior centers, as well as the case management and meals on wheels contracts that have only recently been awarded.

Preparing for the RFP

Let me say at the outset that UJA-Federation along with our colleagues at the Council of Senior Centers and Services, the Human Services Council, Federation of Protestant Welfare Agencies and United Neighborhood Houses, have been in discussions for months with Deputy Mayor Gibbs, Commissioner Mendez-Santiago and their offices. We appreciate the serious discussions that we have had. Some – though certainly not all - of our suggestions had been addressed.

Though recognizing the importance of modernizing senior services, UJA-Federation has been quite concerned with the impact on the field of senior services of having so many significant changes come out in the course of one year. To help agencies prepare themselves for the RFP, we have sponsored together with our colleague organizations a series of four technical assistance sessions to help agencies analyze some of the issues they need to address in the RFP. Many questions have arisen based on the training, which were communicated to DFTA prior to the bidders' conference that was held this past Tuesday.

The RFP

Our consultations with our providers as well as the almost 200 senior service representatives that have attended the sessions have led us to conclude that while we support the goals behind the RFP, we believe that implementation of the RFP at this time under the current circumstances carries great risk for the senior services system.

Benefits

We do appreciate the need to increase the utilization of senior centers and to encourage a wider range of programming. As the Mayor has reported, New York's senior population is growing at a rapid clip, with more and more of the elderly falling into poverty unable to fully address their fundamental needs such as food, socialization and health. Scarce resources should be utilized effectively to support as many seniors as possible. We also support opportunities for innovation – for example, bringing in health and wellness

activities, an area where the Council itself has take a leadership role with the Healthy Aging Initiative.

We greatly appreciate the increased amount of funding for senior centers. We hope that with this larger amount, the city will maximize the number of centers it will maintain as well as establish innovative models.

Risks

But, we have grave concerns that this is not the right time to implement this RFP. First, the senior services system has just undergone two significant changes. Both Case Management and Meals on Wheels contracts were revised in major ways, changing and increasing the geographic areas to be managed by each provider, increasing the responsibilities of the providers, and doing it all at modest reimbursement rates. We understand that growing pains are still occurring, which means seniors are on waiting lists to receive assistance, including meal delivery. Because many of the same community based organizations (CBOs) have Meals and Case Management contracts as those that will apply for the senior center contracts, the risk is that their current responsibilities for managing the changed services would lower the quality of their RFP applications because they are juggling too many major changes at the same time. Giving the system some period of time to adjust to the changes before initiating new ones would be a benefit to the city's ability to set up a quality system.

We are also concerned that the increased funding in the RFP comes at the expense of other important senior services funded by the City Council and Borough Presidents. Especially when economic hardship is increasing and other aging programs are proposed for elimination, it is no time to cut any more senior services.

Finally, we do not believe the RFP is clear enough to allow applicants to submit appropriate proposals. At the bidders' conference, a number of fundamental questions were posed. Chief among them were ones asking about capital requirements. Until applicants know, for example, whether or not they may use a space that does not comply with the disability statute, how can they frame a proposal? Yet the addendum addressing these issues may not be issued until the holidays, leaving little time to frame an entirely new model with different linkage agreements.

Our Request

Thus, UJA-Federation's request is that DFTA postpone the RFP until such time as:

1. Existing City Council and Borough President funds would be secured where appropriate to ensure that important existing services can be maintained, while maintaining the current RFP funding level.
2. The Case Management and Case Management programs are running efficiently.
3. The key issues raised at the bidders' conference and beyond are answered in a manner that will preserve the ability of applicants to provide services of excellence and make every effort to qualify existing centers through grandfathering when building requirements have been substantially altered from past practice.

JPAC *for OLDER ADULTS*

Joint Public Affairs Committee / 132 West 31st Street – 10th Floor / NY, NY 10001 / 212-273-5262

Sponsored by Jewish Association for Services for the Aged (JASA)

New York City Council Hearing Department for the Aging's plan to modernize senior services in New York December 4, 2008

Remarks by Molly Krakowski
JPAC Director
Director of Legislative Affairs
Jewish Association for Services for the Aged (JASA)

Speaker Quinn and City Council members:

Thank you for holding this hearing today. My name is Molly Krakowski, and I am the Director of Legislative Affairs and the Joint Public Affairs Committee for Older Adults (JPAC) at the Jewish Association for Services for the Aged (JASA). I am here today to express JASA's concern over the DFTA RFP for the modernization of senior services in New York.

Let me begin by saying that JASA supports DFTA's attempts to meet the growing needs of all older adults in the community and applauds the efforts at modernization and the widespread implementation of evidence based practice. We also believe the creation of senior center "Hubs" is a positive step in providing innovative services and exciting opportunities to older adults, which are not currently available within the traditional senior centers. However, we feel strongly that the Senior Center RFP should be temporarily postponed at this time.

DFTA's current budget proposal includes the elimination of funding and cut backs on services for the most vulnerable elders. What's more, senior services have recently undergone two major initiatives, revising Case Management delivery and Meals On Wheels delivery programs. New contracts have just gotten off the ground in the past 6-months and senior service agencies, such as JASA, are still adjusting to the new and added administrative details in the delivery system. The rush to implement another major initiative in the delivery of senior services puts enormous pressure on agencies like JASA and gives us little time to prepare a well thought out senior center RFP at the same time that we have to implement new contract responsibilities.

Undoubtedly, because of the dire fiscal situation and the fact that seniors are now identifying senior centers as places to get very low cost meals, JASA has experienced a surge in meal utilization of an average of 30% across our senior center programs during October-November 2008 as compared to October- November 2007. The increase in need demonstrates the

importance of local, community based senior centers and the basic services such as congregate meals, which are de-emphasized in the RFP. Moving ahead with the RFP at this time will cause significant upheaval in neighborhood-based services and disruptions in service continuity as centers are closed.

At a time when the city and nation are living in a climate of significant fiscal uncertainty and unease – why exacerbate the burden on older adults? It is precisely during times like these, when services are being cut back and eliminated, that seniors will need a familiar source of low cost meals as well as recreation. Maintaining the current senior centers will provide that stability.

The RFP emphasizes health and wellness programs within the “modernized” senior centers. This is a wonderful goal for the centers to achieve, but experienced providers also know that seniors come to a center for the socialization opportunities. The desire to be with peers is emphasized repeatedly by center attendees. If senior centers are forced to close as a result of the RFP, this will have a direct impact on this service need.

Finally, the loss of tax dollars will certainly continue into FY2010. There is no guarantee that there will be funding for the new senior centers initiative. While it appears that the funding would draw on funds formerly available to the borough presidents to distribute, this is not an appropriate source to tap. The borough president allocations support important, un-funded programs, such as: the Handicapped Adults Association in Co-op City that helps support continued successful community living for disabled older adults. Programs like these often have difficulty finding other sources of funding and have come to rely on the assistance discretionary funding allows.

In the last month DFTA has informed JASA that it will eliminate three crucial programs as of January 1st: JPAC, which for the past 30 years has provided older adults with the knowledge and tools to be effective advocates on senior issues, benefits and entitlements through presentations and trainings at senior centers and community-based groups throughout the city; Elder Abuse, which has a staff of attorneys and social workers trained to help people 60-plus who are victims of elder abuse; and city-based funding for Caregiver Support Services. At a time in life when older adults are living on fixed incomes and are often increasingly isolated, and when the population of older adults is booming, the City Council needs to support senior services more than ever; keeping older adults engaged physically and mentally as well as emotionally and financially.

As the City seeks to address the current economic crisis, why embark on a huge, new initiative while the most vulnerable in the community will lose services? JASA urges you to protect the vulnerable elderly who rely on important social services and assistance by maintaining the senior centers as they currently exist and keeping the important programs serving the older adults in the community.

Thank you again for the opportunity to testify this afternoon.



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**Testimony of Andrew Martin, DOROT, Inc.
New York City Council Committee on Aging
Thursday, December 4, 2008**

Good Afternoon. My name is Andrew Martin and I am here today on behalf of Vivian Fenster Ehrlich and DOROT, a New York City provider of services to over 10,000 frail and homebound elderly and those who care for them. We thank members of the New York City Council Committee on Aging and especially the Committee Chair, Council Member Arroyo, for inviting our agency to testify on the issue of senior center closures.

Since being founded by a group of Columbia and Barnard graduates in 1976, DOROT has created 35 programs to serve our senior community. These include meal deliveries to the homebound, transitional housing and support for the homeless elderly, social companionship through friendly visiting, and education and support networks for the homebound via telephone conference calls. Our staff of 60 professionals works in partnership with a pool of almost 10,000 volunteers of all ages who serve the elderly.

We are not here today to support or criticize the merits of the City's plan to modernize its senior centers. Rather, we wish to advocate on behalf of the thousands of elderly New Yorkers who are no longer able to travel to these centers. Many of our senior New Yorkers want to remain active and engaged in their communities. Frail elders cannot and should not live on bread alone. Their daily or weekly greeting from a meal deliverer is meager nutrition for their minds and spirits.

For decades, New York has forgotten its aging citizens who experience multiple losses – of vision, hearing, mobility, family and friends -- while they grow older at home. As you continue review the RFP process with the New York City Department for the Aging, it is our hope that you will include in your modernization plans programs that embrace New York's most invisible seniors.

Specifically, we urge you to include friendly visiting and telephone conference call programs in this RFP. Friendly visiting and its companion programs enlist volunteers who each spend an hour or so every week visiting with a senior. In addition to providing much-needed companionship, these volunteers often act as eyes and ears for senior service organizations, particularly when an elderly person experiences difficulty in his or her home. In some cases, friendly visiting programs are the only line of defense for seniors who are at risk of becoming socially isolated.

While it is important to engage the hearts of our homebound seniors, it is equally critical to engage their minds. Telephone conference classes are ideal for the post-senior center population and for those who have limited access to senior centers. The only equipment required is a telephone. These programs encourage meaningful relationships between seniors and the many volunteers who donate time to facilitate classes at their own convenience from their homes or offices. Moreover:

- Telephone conference classes promote social wellness through personal engagement and offer intellectual and creative opportunities; prevent social isolation by serving homebound seniors unable to get to traditional senior centers; and bring seniors from different neighborhoods together to share interests, life experiences and peer support.
- They encourage partnerships among social service, health, and cultural institutions and extend their reach in the community, while honoring the diversity and language needs of the communities these institutions serve and promoting cultural understanding.
- And they provide access to information and community resources, and promote health and wellness through health classes, support groups and access to medical experts.

I do not need to remind you of the many challenges facing our rapidly growing senior population.

I do think we underestimate the power of these types of programs and the enormous benefit they bring to frail and homebound New Yorkers. Again, we thank the Committee and Council

Member Arroyo for the opportunity to testify this afternoon.

NEW YORK CITY COUNCIL
PUBLIC HEARING
COMMITTEE ON AGING
SUB-COMMITTEE SENIOR CENTERS

December 4, 2008
1:00 P.M.

Jamaica Service Program for Older Adults
162-04 Jamaica Avenue
Jamaica, N.Y. 11432
718-657-6500
718-523-7746 – Fax
www.jspoa.org

JAMAICA SERVICE PROGRAM FOR OLDER ADULTS

Good Afternoon. I am Carol J. Hunt, Executive Director of Jamaica Service Program for Older Adults (JSPOA).

JSPOA has operated as a community based agency serving senior citizen in Queens for 36 years. Our primary geographical area has been Southeast Queens. We provide a variety of direct services as well as coordination of services such as home-delivered meals, social services, transportation, employment, HIV/AIDS education, Neighborhood NORC, case assistance and sponsorship of six senior centers one of which has been for the mentally frail.

This is the first time I have written a testimony in almost 20 years that the array of services that JSPOA has provided and the number of older adults served could diminish significantly because of major changes in how services are to be delivered in our City. What would have not have been conceivable three years ago has come upon us.

The senior center RFP from the Department for the Aging follows the same pattern of change that the Case Management RFP and the Home-Delivered Meals RFP did. This change represents a shift away from small and medium sized community based organizations in significant numbers to provide services through a service model that is regionally based. This mean that

direct service delivery covers large geographical areas thus rendering the community based organization relatively insignificant. These changes, no matter how cost efficient and more manageable in terms of handling resources is not a good definition of social work in my opinion.

The RFP does have flexibility in how a program for older adults can be crafted. However, the flexibility fails to recognize the basic proven needs of individuals as they age. It has been my understanding that government funds should be used to meet the needs of the most vulnerable in society and the RFP states that there is a goal of reaching those older persons who are at poverty levels. If that is the case, why is it that some of the most need services are not core services in this request?

For instance:

- Transportation is not a core service that is required. The RFP says that it is “optional”. Anyone familiar with social services for older people knows that transportation is the first level of service that keeps a person connected and engaged in the community. Operational costs are accepted in the budget only if you own your own vehicle. Older people will not be served.
- Case Assistance is another service that is not mandated. Qualified staff for this purpose is costly for salary and fringe benefits. This is not a service that is a one shot phone call. As a person ages navigating the internet, dealing with multiple layers of service delivery systems becomes a hardship for many. Many older people again will not receive service.

- Meals are considered in the language of the proposal to be “incidental” yet must be offered. However, there is no provision for staffing of a kitchen and other necessary components of offering a meal. If it is incidental, why is it mandated?
- Mandated health and wellness programs are tied to performance measures for a current staff that is ill prepared or trained. This mandate is forcing sites to become semi health facilities. This is changing what a senior center is all about. Older adults do not want to be forced into “health managed” programs no matter how good it is for them. They want to go to the center to enjoy themselves, not be faced with health remedies all day every day.
- Education and Recreation activities that serve so much of the socialization dimension of older adult programming is captured only as it is connected to a health and wellness activity which is mandated.
- Raising 1-3% of a budget that is \$500,000 or 1 Million in communities that are basically at poverty levels is difficult in the best of times. Outer borough fund raising in and for improvised communities is unrealistic especially if funds that are raised are not added to the bottom line of the budget rather than taken out as it is now.

- Including the cost of rent in facilities that are leased or city owned might on face value seem to be leveling the playing field, but in actuality penalizes the proposer who has found “free” space. In the past this was seen by government as positive or at least finding space lower than market rate. This cost reduces the amount of money that could be used for needed qualified staff.

This RFP is written as though senior centers are not places to receive full service. It is written for the well, active, adult in the age range of 50-65 years old. It is for the “country club” environment with no hint of social service needs.

Thank you.

**Testimony on Senior Center RFP
December 4, 2008
City Council**

I am Naomi Altman, Assistant Executive Director of the Queens Community House. My purpose in testifying today is founded upon a belief that the RFP issued by DFTA does not reflect a vision of services for older adults. Over the course of the last 30 years providers have worked alongside city, state and federal agencies to create a network of programs and services reflecting the needs of their constituents from the ground up. That is community providers identified needs and worked with their colleagues to create what is in effect a continuum of care for people in their communities across the aging spectrum.

The RFP makes reference to what older adults want... who are these older adults? As reflected in the RFP ...they “foremost want a place where they can surf the web, attend a fitness class, participate in a book club or just simply socialize with peers”. There is no subtext or footnote to indicate who DFTA spoke with to discern this. Oddly, many of the seniors we see, foremost want assistance with entitlements, landlord mediation, to have a document notarized or translated or access to in-home assistance; help in caring for a chronically ill spouse, friend, partner or parent. Do they engage in activities? Absolutely! When they wish to attend one of our centers, they walk the couple of blocks or if they are limited in their ability to travel they request transportation. When they arrive... they see friends, they attend a class, exercise, they volunteer, and yes they have a nutritious lunch.

On November 21st the Commissioner testified that funding stream cuts that had been announced were strategic... so here is the strategy:
Eliminate SADS: \$2.36M; the people served by these programs are among the most vulnerable in our city. When asked how these individuals and their families will be served... he responded that they envisioned that they would be welcomed in these new senior centers. To properly care for the needs for functional support for the frail and cognitively impaired participants DFTA has up until now, appropriately required staff to client ratios of between 1:5–1:3. Are the folks who come in to surf the web going to welcome these folks to dine? According to the RFP here is the accommodation: DFTA will give greater consideration to “proposers who will provide services to...those with physical or mental impairments” There is no requirement for these services only a single line of reference... and can be offered only on specific days or at another site entirely... perhaps a nursing home?

For the folks who silently shoulder the burden of keeping the impaired at home and in health? City Support to Caregiver Support Services cut \$888,000. When taken in concert with the cut to SADS this is a double whammy to the folks who take the largest financial responsibility for this care. No mention is made with regard to supports for these families in the RFP. And to further complicate matters; at a time when these same

Naomi B. Altman, LMSW
Assistant Executive Director
Queens Community House

Testimony on Senior Center RFP

December 4, 2008

City Council

cuts will likely increase incidents of elder abuse, \$850,000 cut for Prevention programs. We work closely with such a program sponsored by JASA. They are consistent and professional and as I understand it... handle 300 of the most difficult cases in Queens.

Intergenerational programming: \$504,000. Our agency has an intergenerational contract. For \$70,000 a year 50 at risk youth are or were engaged in the support of 90 community and 850 nursing home elders. This service does so much toward reducing fear and ageism, and increases awareness and sense of community, yet...in the RFP under educational and recreational **OPTIONS**, DFTA allows for "Intergenerational activities". Again, no requirement to replace these services only a nod.

Missing from the list of strategic cuts, are the BP funds that were usurped to create some new funds for these new centers. The SADS program that QCH has run since 1983 is partially funded by DFTA but significantly so by the funds from from the Borough President. Another example of a program that will no longer be funded after 6/30/09... (as we understand it), is SAGE/Queens the only program serving LGBT seniors in all of Queens. Here again, DFTA, will give greater consideration to "proposers who will provide services to...the LGBT community..."again, asked but not required.

I attended the bidder's conference on Tuesday along with another 500 or so potential providers, how much was wasted there? Needless to say there were more questions than DFTA could respond to and I won't attempt to recall the myriad questions that we were assured would be covered in an addendum. However, on a question related to transportation and the DFTA reference that if a current provider wishes to include transportation, and they currently have use of City owned vehicles, they must assume that they will not have the use of these vehicles, and reflect this in their budget. They posit that this is to even the playing field. My question is level with what? Level with a provider who doesn't plan to offer transportation? They do not require transportation for "modernized" system, yet we all know that transportation is an essential service, particularly in Queens where it might take two to three buses to travel one mile.

The way this all seems to come together is in the request that the price proposal is to be separately enveloped and accompanied by an electronic copy of the excel budget package. First this is a deviation from historical process; the price proposal was always a part of the bid. Well if you put no value on SADS, LGBT elderly, caregivers, intergenerational innovations or even basic transportation support, and it doesn't show up in the budget (as part of a requirement)... and you don't provide it, you are not going to be penalized... nor are you incurring the relative expense. Doesn't seem level to me.

Naomi B. Altman, LMSW
Assistant Executive Director
Queens Community House

Testimony on Senior Center RFP

December 4, 2008

City Council

In the Senior Center RFP DFTA says they want to help folks stay healthy how about helping the most vulnerable to feel good? How about strengthening communities... helping families during a time when there is increased fear and anxiety among our neighbors? Doesn't sound like modernization... it sounds more like a perfect storm.

I understand that there are hard choices to be made in hard times, but it seems to me that within the overarching plan, the department has managed to gut program innovations that took years to develop and refine, how many years will it take to rebuild?

Pull this RFP...but be sure to restore the funds that were taken to fix what is not broken.

Naomi B. Altman, LMSW
Assistant Executive Director
Queens Community House

Testimony before the Aging Committee of the New York City Council
December 4, 2008
Judith Zangwill, Executive Director Sunnyside Community Services



Judith Zangwill, MSW
Executive Director

My name is Judy Zangwill; I am the executive director of Sunnyside Community Services, and I appreciate the opportunity to speak with you today. I have a great many concerns about DFTA's modernization plan, but I will focus only on two this afternoon.

The first is to echo something you have heard, and will continue to hear, about the timing of the current request for proposals for congregate services, and the major restructuring DFTA is promoting in services for older adults in communities across the city. Like many other senior service providers, Sunnyside Community Services is in crisis mode right now. In a state of shock might be a more appropriate way to express it.

We are still struggling to serve a much larger number of clients than DFTA anticipated when we responded to DFTA's request for proposals for case management. We are struggling to restructure our Western Queens Caregivers Network to address the loss of the City's portion of funding for this program. Because DFTA has eliminated funding for Social Adult Day Services, we are struggling to find alternative solutions for families of the participants in our adult day program before we have to shut the door on this vitally needed program—before we close this increasingly important part of the continuum of senior services that we have worked for years to create. These concerns are enormous and, as you may imagine, they are keeping managers and staff awake at night, trying to figure out how we can protect and continue to serve our clients.

Now we are struggling with DFTA's substantial shift in focus in its recent RFP for senior centers. Even when we agree with the health and wellness focus and the outreach to a younger senior population, we recognize that there is much more involved in the planning and implementation of these changes, and greater potential for harmful consequences, than DFTA recognizes, at least publicly. For example, marketing to and operating



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United Neighborhood Home

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Award for Best Managed
Social Service Agency
Presented by United Way
of New York City

programs for a new and younger population, especially within the constraints of DFTA's prescribed number and type of daily activities, is very likely to pull time, resources, and attention away from our current, "older old" participants. And let's be realistic here: bringing not-yet-retired or recently retired individuals who are not ready to consider themselves "seniors," into a center full of much older individuals will not be easy. These groups have very different needs and expectations. Serving multiple age groups will require careful program design.

The planning for these changes—which we do not dispute are potentially valuable—takes time and energy that we simply do not have while we are engaged in crisis management.

The second, much broader issue I want to address is the destructive impact of the demands DFTA is making on the senior services community. As you have heard today, and will hear over and over again, community-based organizations have been working for decades to expand and integrate programs for older adults, to provide a continuum of support for them as they age. DFTA has made a decision to de-fund small programs that it does not consider its "core" programs instead of making across the board cuts to all programs.

I understand the decision, but I strongly disagree with it. Although it has been challenging, we have absorbed budget cuts before. We can keep programs alive, if not thriving, until the economy improves. I cannot emphasize strongly enough that once a program is killed, it will take years, if not decades, to recreate it. DFTA actually is killing programs that DFTA itself has recognized will be increasingly needed by a growing senior population: adult day services for frail and cognitively impaired elderly. I don't have to tell you that they not only keep the participants out of more costly institutions, they also enable their caregivers to earn a living.

DFTA is killing small senior centers as well. Presumably in the name of efficiency, DFTA wants to create senior "hubs" and neighborhood centers that must serve at least 75 meals a day and provide prescribed activities—even when these activities may not have the least interest for participants. (We initiated a walking club a couple of years ago. It was a resounding flop with our seniors—who flock to other exercise classes.) As you know, there are small centers that serve many fewer individuals than 75, but fill a vital need in their own communities. Some serve seniors who have very specific

linguistic or cultural needs. Some have special dietary needs. Some are the only senior center for miles around. We know that as people age, the distance they can or will travel from home becomes smaller. When small local centers are closed, their participants simply will have no place to go. DFTA is appropriately concerned about health, but we also know that without a place to go to socialize, volunteer, feel productive, keep busy, older adults can grow depressed and even suicidal—certainly not healthy.

In closing, I would ask DFTA to rethink the way in which it is implementing its budget cuts to avoid the closing of vital programs. Second, I would ask that DFTA at least delay, if not withdraw, the senior center RFP to give us time to address the difficult budget issues that remain.

**TESTIMONY
CITY COUNCIL
PUBLIC HEARING
AT CITY HALL**

**DECEMBER 4, 2008
1:00 P.M.**



**LINDA M. LEEST, Ph.D.
EXECUTIVE DIRECTOR**

**SERVICES NOW FOR ADULT PERSONS, INC.
(SNAP)**

80-45 WINCHESTER BOULEVARD

BUILDING #4, CBU #29

QUEENS VILLAGE, N.Y. 11427

(718)454-2100

FAX (718)740-4999

EMAIL: DoctaLML@aol.com

Hello, my name is Linda Leest and I am the Executive Director of Services Now for Adult Persons, Inc. in Queens.

I wholeheartedly agree that some change and re-organization is necessary in order for the network to adequately serve the increasing numbers of seniors who will be needing services. I also agree that the network needs assistance in planning for more diverse populations.

It is imperative, if we are to propose a system that provides quality and not just quantity, that we slow down the process of change. There needs to be appropriate time between RFP's and start up dates. Transitioning from one agency to another is a complicated procedure that requires careful planning.

All senior supportive services should remain community based. The cultural and ethnic diversity of the Queens' neighborhoods is unmatched anywhere in the country, possibly the world. To suggest that "regionalization" would better serve the needs and interests of the seniors is wrong. The only seniors benefitting from super "Hub Centers" will be the ones living nearby. Seniors want and need to have assistance in their own communities.

New York State is working to develop New York Connects which is the single point of entry concept for every community. DFTA's pulling back from each community and establishing Hubs and fewer neighborhood centers is dramatically opposed to the concept the state is working to bring about. New York City is the only region that has refused to be part of New York Connects.

In Mayor Bloomberg's 2030 plan, it clearly states that "there will be a 44% increase in seniors and the city will need more senior centers." It does not make sense to consolidate centers now. As Councilman Comrie has said "Once you lose real estate in New York City, you never get it back."

The in-kind community support agencies now receive has been developed over many years of working partnerships. Once an agency closes, there is no incentive for community partners to support agencies in other communities. Seniors will not attend centers that are many minutes away in a community that is not comfortable for them. Seniors will stay home, they will be isolated. The fact that isolation leads to deteriorating health is well established. It will cost the city more in care, both hospital and institutional, when seniors no longer participate at centers.

Senior centers are faced with the challenge of working with the largest cohort ever established - from age 60 to 100. This is not realistic. A researcher stated in 1994 that centers "will have to concentrate their efforts on the participants with the greatest amount of need." The study of more than 400 seniors found that "the environment of the senior center plays a vital role in fostering health, independence, feelings of well-being and life satisfaction in those people 85 years and older.... and... the established network of senior centers maintains them as viable community residents and acts as a preventative to institutionalization." I am familiar with the research, it is mine.

When options are diminished and choices are few, senior centers become the second home with the second family. Young seniors are working, traveling, meeting friends for movies and volunteering their time in worthwhile ways. They do not want, nor do they need, senior centers. In some communities, centers do attract younger, less healthy seniors who have diminished options due to economic restraints.

Predominantly, younger seniors are busy and do not have an interest in health and wellness activities that are not taking place in a "Y" or a gym. To paraphrase Gloria Steinem - this is what 64-1/2 looks like. My friends and I are not about to join a senior center - not for socialization, education or recreation.

The focus of the current RFP overlooks the older, frailer senior who needs the transportation, the meal, the socialization and the case assistance a neighborhood center can provide. Please remember those who need centers the most and who need them close to home.

Thank you.

QUEENSBORO COUNCIL FOR SOCIAL WELFARE, INC.
221-10 Jamaica Avenue - Suite 107 Queens Village, NY 11428
Telephone: (718) 468-8025 Fax (718) 464-8811 QCSW@aol.com

**Testimony before the City Council Committee on Aging
December 4, 2008**

Thank you, Aging Committee Chair, Councilwoman Maria del Carmen Arroyo, and Finance Chair, Councilman David Weprin and the respective committees, for the opportunity to testify about the Impact of DFTA's Modernization Plan on the City's Senior Centers (Int 821-A). My name is Joan Serrano Laufer and I am the Executive Director of Queensboro Council for Social Welfare, Inc.

HISTORY

Queensboro Council for Social Welfare, Inc. is a Council of Queens agencies dedicated to improving and expanding human services in the Borough of Queens. At present, we have more than 65 members including both large agencies and small groups. We are located in Queens Village in South East Queens and serve the entire Borough.

QCSW was founded by civic leaders in 1922, when the Borough of Queens was a county with limited human services and a rapidly growing population. During its early years, the Council was one of five borough councils under the umbrella of the Community Council of Greater NY. QCSW, incorporated in 1956 as a nonprofit organization, and is now the only borough-wide community council still in existence.

QCSW's **mission** is "to provide a common meeting ground for professionals and lay community groups and for public and private organizations to plan together" for the improvement of human services in Queens, and further, to identify gaps in services and linkages between professionals delivering human service." Thus, QCSW acts as a Queens Human Service Chamber of Commerce in its mission to improve the human service delivery system in the borough for people of all ages, in all parts of Queens, regardless of racial, religious, or economic status.

The Council works to identify human service needs in the County, and toward the development of new programs to fill these gaps. Among our current vital services is our Elder Abuse and Domestic Violence Awareness Project, bringing important information and trainings to service providers and the public throughout Queens. As the only generic social policy and program planning agency for human services in Queens, QCSW actively participates in the Councils and coordinating groups of Queens. We convene the Queens Directors of Volunteers in Agencies. We are also represented on Boards of Directors or Advisory Boards of, among many others, the Queens Public Library, Herbert Birch-Head Start Community Partnership, Big Brother/Big Sister-The Borough of Queens Mentoring Network, Queens Borough President's Immigration Task

Force, Queens Mental Health Council, the Queens Interagency Council for the Aging, Queens Legal Services, Pride of Judea Division of JBFCS, and Queens Visions. QCSW works with these and other human service and community-based agencies to improve the quality of services in Queens.

As has been said, these are extraordinarily difficult times for all of us, and our seniors are among our most vulnerable residents. While these new super centers *may* be a good thing in the long term, at the moment our seniors need, and want the comfort and support of their local neighborhood senior center. As they and their families are facing job loss, home foreclosures, predatory lending, and other critical situations, it is not the time for them to lose their local neighborhood centers and the important meals and activities that they provide. Other programs are decentralizing and becoming community based. We must be very careful before we move against this trend.

At the same time, agencies that were awarded Case Management Contracts are facing the need to serve far more people than they contracted for. Meals On Wheels contracts are still unclear, and many DFTA agencies, including QCSW are facing mid year closure because the Department for the Aging is eliminating six funding streams by December 31st. Why was a budget ax, not a careful scalpel, taken to cutting the life out of aging services? Why does the Mayor's plan not include cuts to DFTA internally? DFTA is a small city agency and these cuts are below the bone in direct services to seniors. Further, if the city's economy improves or new revenue is created, how do seniors and their family caregivers get back services that are totally eliminated? If we close for example, to reopen would be incredibly difficult and expensive. Queens would lose a service it has had for 86 years.

Social adult day care, caregiver support services, intergenerational programs (fosters engagement between seniors and youth), I&R, shopping and escort services are among the important services being axed.

After everything else the aging services network has gone through this year because of the turmoil caused by the case management, meals-on-wheels, and now the senior center RFP, these cuts will only exacerbate the instability in the lives of seniors, their family caregivers and the agencies that serve them. There will be substantially less services available to help seniors age in place in their communities with dignity. Who will stand up for seniors and say enough is enough?

Please help maintain these vital services and allow our agencies to continue at this critical time.

QUEENSBORO COUNCIL FOR SOCIAL WELFARE, INC.

221-10 Jamaica Avenue - Suite 107 Queens Village, NY 11428

Telephone: (718) 468-8025 Fax: (718) 464-8811

Joan Serrano Laufer, ACSW,
Executive Director

Thomas L. Tedeschi, Esq.,
President

REPORT TO THE CITY COUNCIL

Funding for Queensboro Council for Social Welfare (QCSW) has been eliminated from the NYC Budget. At present, we receive \$143,261 from the NYC Dept. for the Aging, and \$13,118 from the NYC HPD. Our annual budget for this year is approximately \$280,000. The elimination of these funds will mean the end of our 80 year old organization and with it the elimination of important, neighborhood based services and supports.

Since 1988, QCSW has had a contract with NYC to provide Information and Referral, Technical Assistance to Service Providers and CBOs, Training to Professionals and CBOs, Informational Newsletters, and Convening of Issue Oriented Groups. Initially, this contract was with the NYC Human Resources Administration. After many years of being left off the budget by HRA, at the suggestion of then Speaker Vallone, and with the support of then Borough President Shulman, the monies were transferred to the DFTA. For the past ten years, we have been a DFTA agency.

Each year, QCSW far exceeds the services that are contracted for. The chart below indicates Contracted for Services and Delivered services for Fiscal Year 2008.

Contracted for Services	Delivered services
900 Units of Information and Referral/Technical Assistance	1474 Service Referrals
Five Training Sessions for human service agencies	15 Training Sessions
Five issues of <u>The Human Services Newsletter of Queens</u>	6 issues of <u>The Human Services Newsletter</u> & 14 issues of <u>Neighbor News</u>
Twelve Periodic Meetings to Expand Services	12 Meetings

Queensboro Council is the only generic social policy and planning agency in the County of Queens. Encompassing more than fifty different member agencies and operating on a small budget, QCSW acts as a Queens Human Service Chamber of Commerce in its mission to improve the human service delivery system in the borough for children, adults, teens and senior citizens. Whether for men or women, rich or poor, QCSW, working with service providers in all fields, attempts to improve and expand services. We provide more than 1500 units of service to individuals, providing clients with needed services through our Information and Referral Program. In addition to Information and Referral, QCSW provides technical assistance and training for service providers, keeping them up to date with the current information, prevailing trends, and necessary tools to enhance service delivery. QCSW publishes five issues of The Human Services Newsletter of Queens for professionals and four issues of Neighbor News for the public free of charge. We sponsor conferences and special programs and convene coalitions. A United Way member agency, we receive our major funding from the Dept. for the Aging.

QCSW's **mission** is "to provide a common meeting ground for professionals and lay community groups and for public and private organizations to plan together for the improvement of human services in Queens, and further, to identify gaps in services and linkages between professionals delivering human service." Thus, QCSW acts as a Queens Human Service Chamber of Commerce in its mission to improve service delivery in the borough for people of all ages, in all parts of Queens, regardless of racial, religious, or economic status.

Queensboro Council for Social Welfare, Inc. strives to provide centralized planning and coordination, and to strengthen the efforts of Queens organizations and agencies in providing a full range of human services. We have been a catalyst in expanding services within the borough of Queens. Each of the following direct services came into existence in Queens as a result of the efforts of QCSW: Visiting Nurse Services (1931); Queens Guidance Center for Children (1956); Summer Youth Employment Program (1974); Flushing Community Services for the Elderly (1981-1985); and the AIDS Center of Queens County. The Queens Interagency Council for the Aging (QICA) was initially a committee of QCSW. As it developed, it incorporated and formed its own Board of Directors. QCSW continues to be an active participant, and works closely with QICA at all levels. The Queens Welfare Advocacy Network, (QWAN) and the Queens Directors of Volunteers in Agencies (QDOVIA) are examples of groups we have more recently convened.

The Council works to identify human service needs in the County, and toward the development of new programs to fill these gaps. As the only generic social policy and program planning agency for human services in Queens, QCSW actively participates in Councils and coordinating groups in Queens. We are also represented on, among many others, the Queens Mental Health Council (and serve on its Steering Committee), the Queens Interagency Council for the Aging (our Executive Director is their Vice President and Program Chair), the Queens Housing Alliance, and Community Advisory Boards of: the Queens Public Library, JBFCS, Flushing Hospital, VISIONS, Queens Legal Services (our Executive Director is their Board Secretary), the Neuroscience Institute of New York Hospital/Queens, Jamaica Community Services and Health Reach. QCSW works with these and other human service and community-based agencies to improve the quality of services.

In the early 1990s, QCSW faced the prospect of annual elimination of its funding by HRA, our prior contract agency. Seven years ago, with the support of the City Council and Borough President, our funding was switched to DFTA and continued through the RFP process as an ongoing part of the budget. During that time, our budget seemed to be baselined, and while we were therefore "RFPed" funding continued on a regular basis with our twice being awarded three year contracts. This year our entire DFTA budget has been eliminated.

As you can see, QCSW provides services which help the agencies and community-based organizations in the borough work more efficiently and effectively. We provide services far beyond our mandated program goals and we do it in a most cost effective manner. Our knowledge of Queens and its service providers is built on many years of experience.

Please help us continue to serve the people of Queens.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



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in favor in opposition

Date: 12/4/08

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Address: QUEENS Borough President

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in favor in opposition

IML6 CRP
821 A Date: _____

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Address: BOND HALL ST
I represent: SIBP JAMES P. MOLINARO
BOND HALL

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Address: Sage
I represent: _____
Address: _____

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in favor in opposition

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Address: _____

I represent: Hudson Guild, NYC

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Name: DR. WILLIAM T. SMITH (PLEASE PRINT)

Address: Ag 1000 Pelham Parkway BX

I represent: Ageing in America

Address: 1000 Pelham Parkway, BX

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in favor in opposition

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Address: _____

I represent: Manhattan Borough President

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 12/4

(PLEASE PRINT)

Name: Carolyn Stem

Address: 215 W. 85th St

I represent: IFSA

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Molly Krakowski testify with

Address: 132 W. 31st St 10th Fl NYC, UJA-Federal

I represent: UJASA

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: Kathy Fitzgibbons

Address: _____

I represent: Federation of Protestant Welfare Agencies

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: CRISSY LIU, UNH

Address: 70 W 36th St., NY, NY

I represent: United Neighborhood Houses

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JIM FOURA

Address: 227 WABERS PL

I represent: CIRCLE OF JESSE AND GAY ELDERS

Address: menlen CANING Community

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Caryn Resnick

Address: Deputy Commissioner

I represent: DATA

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Monica Parikh

Address: Sp Council

I represent: DATA

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

Name: Elana Brotman (PLEASE PRINT)

Address: _____

I represent: USA-Federation

Address: 130 E 59 St

To testify
with JASA

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Judy Zangwill

Address: _____

I represent: Sunnyside Community Services

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: CAROL J. HUNT-JSPOA

Address: 162-04 JAMAICA Ave.

I represent: JAMAICA Service Program for OLDER ADULT

Address: 162-04 JAMAICA Ave 11432

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: LIQUOR ALTERNATIVE - SNAP

Address: 80852 KINGSTON RD BLDG B104

I represent: Queens Community House

Address: 5010C

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. DFTA Res. No. _____

in favor in opposition

Date: 12/4/08

Name: ALBERTA R PAYNE (PLEASE PRINT)

Address: 2130 MADISON AVE #5H NY 10037

I represent: ABERDEEN LINCOLN SENIOR CNTR

Address: 60 E. 135 ST NY 10037

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

Name: LINDA LEEST - SNAP (PLEASE PRINT)

Address: 80-45 Winchester Blvd Bldg 4

I represent: Services Now for Adult Persons

Address: same

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. DFTA Res. No. _____

in favor in opposition

Date: 12/4/08

Name: THELMA THOMAS (PLEASE PRINT)

Address: 1980 Park Ave #1F NY 10037

I represent: Aberdeen Lincoln Senior Center

Address: 60 E 135 ST NY 10037

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: Sandra Christian
Address: Ridge wood Bushwick Sr. Services

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: Julia Schwartz Cooper
Address: Riverdale Sr. Services

I represent: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: Bobbie Sackman
Address: Council of Sr. Centers & Services

I represent: _____

Address: _____

▶ Please complete this card and return to the Sergeant-at-Arms ◀

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: David Davis

Address: 3840 Graystone

I represent: Myself as a Senior Citizen

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: IRVING LADIMER

Address: 3333 114 PKY 10V 10463

I represent: Riv. Senior Center and Bx 288 -

Address: 2600 Netherland Ave Bx NY 10462

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12-4-08

(PLEASE PRINT)

Name: Shirley Keegan

Address: 60 Knolls Crescent Bx N.Y. 10463

I represent: Riverdale Senior Center

Address: 2600 Netherland Ave Bx N.Y. 10463

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: Julia Schwartz-Leeper

Address: 2600 Netherland Ave

I represent: Riverdale Sun Service

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: St. Margaret Rose

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: MIRIAM WENGER

Address: 141 W 73 STR APT 3 T NY NY 10023

I represent: Jasa W Side Senior Center

Address: 120 W 76 STR NY NY 10023

212 712-0170

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: REED HANSEN

Address: 201 W. 74th St. Apt. 10B

I represent: JASA West Side Senior Center

Address: 120 W. 76th Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. DFTA Res. No. _____

in favor in opposition

Date: 12.4.08

(PLEASE PRINT)

Name: RICK BRENNAN

Address: 305 W. 97th #65 NY 10023

I represent: GAY SENIORS

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: Nancy Miller

Address: 500 Greenwich St NY, NY 10013

I represent: VISIONS/Services for the Blind

Address: Same as above

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 11/2/08

(PLEASE PRINT)
Name: Cynthia Zabiske
Address: 144-23 73rd Ave, Flushing NY 11367
I represent: Queens Community Council
Address: 19-45 Union Turnpike
Forest Hills, NY 11375
Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)
Name: Gerzi Matusewicz
Address: Greenwich House
I represent: Senior Center Madanzahn
Address: 27 Barrow St - NYC 10014

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)
Name: LIBBY HARRIS
Address: _____
I represent: HANCOCK SENIOR CENTER
Address: 349 W 49th St NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: LINDA KANTER

Address: 840 8th Ave Apt 100 NY 10019

I represent: THEODORE SR. CENTER

Address: 90 St. Nicholas 349 W 49th St NY 10019

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12-04-08

(PLEASE PRINT)

Name: KAY HANSEN

Address: 201 W. 74th St. 10B NY NY 10023

I represent: JASA West Side Senior Center

Address: 120 W 76th St NY NY 10023

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition NEUTRAL

Date: _____

(PLEASE PRINT)

Name: ANDREW MARTIN - DOROT

Address: 171 W. 85th St

I represent: DOROT

Address: 171 W. 85th NY NY 10024

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Joan Scrono Kaufe

Address: 45 Fairview Ave

I represent: Queensboro Council

Address: for Social Welfare

221-19 Jamaica Ave
Que Vil NY 11422

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 12/4/08

(PLEASE PRINT)

Name: Sandra Schulte

Address: Upper e

I represent: "Speak Up," Senior Centers

Address: _____

Please complete this card and return to the Sergeant-at-Arms